BEST PRACTICE: Project BASIS

Description of Best Practice

(Excerpt from the Northeast CAPT web site, *http://www.northeastcapt.org/science/pod*)

Project BASIS is a school-wide discipline management program that includes clarifying and enforcing rules, improving classroom organization, and replacing punitive strategies with positive reinforcement. A school improvement team, consisting of teachers and administrators appointed by the principal, leads and coordinates program preparation and implementation by reviewing and revising discipline policies, orienting faculties to the program, developing strategies for implementation, recruiting additional teachers to join the team, monitoring implementation of the new strategies, and providing constructive feedback and technical assistance to teachers and staff.

BASIS includes the following components (excerpt from Gottfredson Associates' "BASIS Program Description"):

- Increasing clarity of school rules and consistency of rule enforcement through revisions to the school rules and a computerized behavior tracking system

- Improving classroom organization and management through teacher training

- Increasing the frequency of communication with the home regarding student behavior through systems to identify good student behavior, and a computerized system to generate letters to the home regarding both positive and negative behavior

- Replacing punitive disciplinary strategies with positive reinforcement of appropriate behavior through a variety of school- and classroom-level positive reinforcement strategies

School teams of administrators, teachers, and other school personnel are responsible for implementing the program. Researchers working with the schools provide quarterly feedback to the teams on the quality of program implementation and on changes in the behaviors targeted by the program.

Risk Factors Addressed

Antisocial behavior

Protective Factors Addressed

Healthy beliefs and clear standards
Bonding: School

CSAP Strategy

Environmental

Type of Strategy

Universal

Populations Appropriate for This Best Practice

Middle schools

Evaluating This Best Practice

The following are suggested areas to assess when implementing this practice:

- Assess classroom orderliness, classroom organization and classroom rule clarity

- Assess number of student reports of rewards and punishments

- Assess number of student classroom disruptions

Research Conclusions

(Excerpt from Gottfredson Associates' "BASIS Program Description")

An evaluation involving six implementing middle schools and two comparison schools demonstrated positive effects on the measures most directly targeted:

- Classroom orderliness
- Classroom organization
- Classroom rule clarity
- Student reports of rewards and fewer punishments

Implementation data showed that the components of the program were implemented with high fidelity to the original design in only three of the six program schools. In these three schools, the positive changes mentioned above were more marked. Also in these schools, teacher support increased, student perceptions of the fairness of school rules increased, teacher reports of student attention to academic work increased significantly, and their ratings of student classroom disruption decreased significantly.

Costs

Not available

Special Considerations

Please consider the following before selecting this strategy for your community:

- This program was a research project, not a package being disseminated or marketed.

- Some of the tools and methods can be adopted and used in other projects.

Contact Information

Please Note: This was a research project and is not a "product" being offered. The program developers request that only those persons who have read the research reports (see below) and who are seriously interested in replication contact the Gottfredsons.

For consultation, technical assistance or training, visit the following web site and click on Program Development and Evaluation:

http://www.gottfredson.com

To order a copy of the BASIS training materials manual (Cost: $45) contact:

Ellen Czeh, Office Manager
Gottfredson Associates, Inc.
Behavioral Science Research and Development
3239 B Corporate Court
Ellicott City, MD 21042

E-mail: ellenczeh@gottfredson.com

Phone: 410.461.5530 or
             888.733.9805

Fax: 410.461.5529

See also:

Gottfredson, D.C., Gottfredson, G.D., and Hybl, L.G. (1993). Managing adolescent behavior: a multi-year, multi-school experiment. *American Educational Research Journal,* 30, 1, 179-216.

BEST PRACTICE: Project CARE

Description of Best Practice

(Excerpts from University of Maryland, College of Behavioral and Social Sciences, Department of Criminology and from the Criminal Justice "Program Fact Sheet.")

Project CARE is a school-wide intervention designed to address discipline practices through classroom management techniques and instructional innovation, such as cooperative learning and a career exploration program.

Project CARE was developed on the premise that bringing beneficial change to schools requires an organizational development approach to school change. This kind of an approach focuses attention on the school as an organization - it examines the organizational culture and climate and seeks to improve the systems and procedures used by the organization. It usually focuses on:

- Improving communication
- Building trust and cooperation
- Enhancing the organization's problem-solving and decision-making capabilities
- Strengthening its planning processes

A program development team of school- and district-level educators participated in a training for Program Development Evaluation (PDE) an organizational development method designed to help organizations initiate and sustain needed changes (Gottfredson, 1984; Gottfredson, Rickert, Gottfredson, and Advani, 1984). The team used this method to plan, implement, and refine an intervention that addressed both school-wide and classroom level instructional and discipline practices.

The intervention included these components:

- Two classroom management techniques–Assertiveness Discipline and Reality Therapy–used during seven lessons each semester (intended to promote a calm, orderly classroom atmosphere).
- Student Team Learning (STL) techniques, intended to change the classroom climate from a social to an academic one and to increase student motivation to master academic material, used for at least 6 lessons each semester (STL techniques provide incentives for students to learn academic material by establishing competitions for team reward or recognition).
- Frequent and consistent contact with parents about their child's classroom behavior.
- Parent volunteer program to increase involvement of parents in school activities.
- Community support program to increase community support and advocacy for the school.
- Extracurricular activities directed at increasing students' attachment to school, sense of school pride, and the ex-

tent to which they are rewarded for nonacademic talents.

- School discipline review and revision to establish a standard set of school rules, consequences for breaking school rules, and a disciplinary referral system to be used by all school staff members.
- Career exploration program to expose youth to positive role models in the community.

The program development team spent one school-year preparing for program implementation. Program developers trained participating teachers in both classroom management techniques.

Project CARE Goals
- Clarify disciplinary procedures
- Improve the consistency of rule enforcement
- Substitute positive reinforcement strategies for punitive strategies

Risk Factors Addressed

Antisocial behavior

Protective Factors Addressed

Healthy beliefs and clear standards
Bonding: School

CSAP Strategy

Environmental

Type of Strategy

Universal

Populations Appropriate for This Best Practice

- Junior high school students
- African American

Evaluating This Best Practice

The following are suggested areas to assess when implementing this practice:

- Assess the level of teacher morale
- Assess delinquency rate
- Assess classroom orderliness

Research Conclusions

(Excerpts from University of Maryland, College of Behavioral and Social Sciences, Department of Criminology and the Criminal Justice "Program Fact Sheet.")

Project CARE was evaluated at two junior high schools selected by the central administrators of the Baltimore City Public School system. These schools were selected because they had experienced considerable disorder in the recent past, were believed to be in need of help, were expected to be receptive to the project, and were expected to remain stable in terms of their student, teacher, and administrator

populations over the following three years. Project CARE was implemented at one of the selected schools; the second school instead chose to develop a school improvement plan with minimal assistance from the researchers (and with minimal reliance on the PDE method).

Pretreatment measures of organizational health, school disorder, and student attitudes and experiences targeted by the program were compared with the same measures taken one and two years later. Change for both the treatment school and the quasi-comparison school were examined. All measures except for disciplinary removal from school were taken from surveys administered each year to all students and teachers in both schools.

There were no significant differences in student gender, age, or parental educational level between the two schools. Both school's student populations were virtually 100% Black. At the end of year 2, survey response rates for the two cohorts were also similar: 64.9% of the non-experimental cohort and 60.9% of then experimental cohort completed the survey.

Implementation of Project CARE produced the following effects:

- Improvements in organizational health: teacher morale rose from the 7th to the 40th percentile; teacher reports of innovation rose from the 38th to the 63rd, and teachers' perceptions of the school administration rose from the 3rd to the 31st percentile.

- Reductions in delinquency.

- Increases in classroom orderliness.

- A reduction in student reports of rebellious behavior in the Project CARE school was observed (not statistically significant) while a significant increase was observed in the comparison school.

Costs

Not available

Special Considerations

Please consider the following before selecting this strategy for your community:

- This program was a research project, not a package being disseminated or marketed.

- Some of the tools and methods can be adopted and used in other projects.

Contact Information

Please note: This was a research project and is not a "product" being offered. The program developers request that only those persons who have read the research reports and who are seriously interested in replication contact the Gottfredsons.

For consultation, technical assistance or training, visit the following web site and click on Program Development and Evaluation:
   http://www.gottfredson.com

Also contact:
   Ellen Czeh, Office Manager
   E-mail: ellenczeh@gottfredson.com
   Phone: 410.461.5530 or
                 888.733.9805
   Fax: 410.461.5529

or:
   Denise C. Gottfredson
   University of Maryland, LeFrak Hall
   College Park, MD 20742
   E-mail: dgottfredson@crim.umd.edu
   Phone: 301.405.4717
   Fax: 301.405.4733

BEST PRACTICE: Project Northland
(Perry)

Description of Best Practice

The goal of Project Northland is to prevent or reduce alcohol use among young adolescents by using a multilevel, community-wide approach. Conducted in 24 school districts in northeastern Minnesota since 1991, the intervention targets the class of 1998 (sixth-grade students in 1991).

The program consists of:

• Social-behavioral curricula in schools

• Peer leadership (designed to increase peer pressure resistance and social competence skills)

• Parental involvement/education (to provide parental support and modeling)

• Community-wide task force activities (designed to change the larger environment)

Risk Factors Addressed

Friends who use
Favorable attitudes toward drug use
Early initiation of problem behavior
Availability of drugs
Community laws and norms favorable toward drug use

Protective Factors Addressed

Bonding: School
Skills
Healthy beliefs and clear standards

CSAP Strategy

Information dissemination
Education
Alternatives
Environmental

Type of Strategy

Universal

Populations Appropriate for This Best Practice

None specified

Evaluating This Best Practice

This best practice comes with an evaluation tool that can be used when implementing this strategy.

Evaluation Tool Cost:
$0.65 per student surveyed plus $1,000 - $2,050 per standard report ordered. The student survey is a comprehensive prevention assessment tool. School-building and trend reports are available for $250 to $450.

The following are suggested areas to assess when implementing this practice:

• Assess decreased use of alcohol
• Assess changes in favorable attitudes toward drug use
• Assess social and behavioral skills gained
• Assess change in environmental restrictions regarding alcohol use (e.g. policies and laws)
• Assess change in perceived and actual alcohol use

Research Conclusions

The intervention group had lower rates of alcohol use and less reported tendency to use alcohol. Student's reported less perceived peer influence to use alcohol and knowing fewer peers who drink, increased self-efficacy to resist influences, and indicated more parent-child communication about school.

Costs as of December 2001 (Subject to Change)

Training Time:
There are two training options:
• Open enrollment training is held for 3 days.

• Contracted training can be held in the schools with the teachers, and is one day per grade level.

Training Costs:
Open enrollment training is $755 and includes the 6 - 8 grade curriculum. The contracted training fee is $1,750 plus travel expenses.

Strategy Implementation:
• Training expenses

• $755 for curriculum/materials for grades 6 - 8 plus the SUPERCHARGED! Community Component. This complete set includes materials for a classroom of 30 (includes teachers guides and student materials)

• $155 for grade 6 workbooks

• $62 for grade 6 prizes

Special Considerations

Please consider the following before selecting this strategy for your community:

• Prevention coordinators learn how to use the age-specific, multifaceted, interactive curriculum to help stop student drinking before it begins. They will find ways to integrate classroom activities, parent involvement, peer leadership, and community activities to consistently engage kids in prevention.

• There is a great level of parent and community involvement, so it is of great value to participate either in an open enrollment or contracted training where tools, tips, and techniques will be provided for getting the groups involved.

Contact Information

For more information on this program, visit web site:
http://modelprograms.samhsa.gov

To order the curriculum package contact :
Ann Standing
Hazelden
Box 176
15251 Pleasant Valley Road
Center City, MN 55012-0176

E-mail: astanding@hazelden.org

Phone: 800.328.9000, press "1" then x 4030

Fax: 651.213.4577

Web site: *http://www.hazelden.org*

For training information contact :
Kaylene McElfresh (Open enrollment training)
Edie Julik (Contracted training)

E-mail: kmcelfresh@hazelden.org

E-mail: ejulik@hazelden.org

Phone: 800.328.9000, press "1" then x 4324

BEST PRACTICE: Project PATHE

(Organizational Change in School)

Description of Best Practice

(Excerpts reprinted with permission from the Center for the Study and Prevention of Violence, Institute of Behavioral Science, Regents of the University of Colorado, *http://www.colorado.edu/cspv/blueprints/promise/PATHE.htm* and from Gottfredson, Denise C. (1986). An empirical test of school-based environmental and individual interventions to reduce the risk of delinquent behavior. Criminology, 24, 705-731.)

Project PATHE is a comprehensive program implemented in secondary schools that reduces school disorder and improves the school environment to enhance students' experiences and attitudes about school.

The program has five major components:

1. Staff, student, and community participation in revising school policies and designing and managing school change.

2. School-wide organizational changes aimed at increasing academic performance.

3. School-wide organizational changes aimed at enhancing school climate.

4. Programs to prepare students for careers.

5. Academic and affective services for high-risk youth.

The program design is unique in its comprehensive coverage and in its simultaneous focus on organizations and individual-level change. The program's success derives from its ability to effect school change in a number of ways:

*   Staff, students, parents, and community members work together to design and implement improvement programs.

*   School-wide academic weaknesses and discipline problems are diagnosed and strengthened through innovative teaching techniques and student team learning, as well as the development of clear, fair rules.

*   The school climate is enhanced through adding job-seeking skills programs and career exploration programs.

*   Career attainment is emphasized by adding job-seeking skills programs and career exploration programs.

*   At-risk students receive additional monitoring, tutoring, and counseling aimed at improving their self-concept, academic success, and bonds to the social order.

Risk Factors Addressed

Lack of commitment to school
Academic failure
Antisocial behavior

Protective Factors Addressed

Healthy beliefs and clear standards
Bonding to school

CSAP Strategy

Education
Environmental

Type of Strategy

Universal and Selective

Populations Appropriate for This Best Practice

*   Middle/junior high schools and high schools
*   African American
*   Rural
*   Low income

Evaluating This Best Practice

This best practice comes with an evaluation tool that can be used when implementing this strategy. Please call the contact below for cost, which includes assessment of schools with Effective School Battery. Implementers should also arrange to measure their own implementation and to provide frequent (e.g. monthly) implementation summaries.

The following are suggested areas to assess when implementing this practice:

*   Assess decrease in school suspensions
*   Assess decrease in delinquent behavior
*   Assess decrease in drug use
*   Assess change in school climate (safety, staff morale, and clarity of rules)

Research Conclusions

(Excerpts reprinted with permission from the Center for the Study and Prevention of Violence, Institute of Behavioral Science, Regents of the University of Colorado, *http://www.colorado.edu/cspv/blueprints/promise/PATHE.htm*)

Evaluations conducted after one year for high schools and two years for middle schools demonstrate significant improvement for PATHE schools, compared to control schools:

*   Self-reported delinquency (serious delinquency, drug involvement, suspensions, and school punishments) declined for PATHE high schools, while it increased in the comparison school

*   School alienation (individuals' sense of belonging) decreased in all treatment schools

*   Attachment to school increased in the treatment middle schools, while decreasing in the comparison school

*   School climate and discipline management improved in all the treatment schools

The PATHE program also showed positive effects for the at-risk students, compared to control students, including:

*   Higher rates of graduation for high school seniors

*   Higher scores on standardized tests of achievement

*   Increased school attendance

Costs as of May 2001 (Subject to Change)

Training Time:
- 4 days: 2 days initially for project director and on-site evaluator plus 2 days for all project staff.

- Periodic follow-up training over the life of the project.

Note: Training is required

Training Cost:
To be negotiated with persons listed on the web site:

> *www.gottfredson.com*

Strategy Implementation Costs:
- Project director
- On-site evaluator
- Full-time student concern specialist
- Full-time academic achievement specialist
- Outside evaluator or evaluation team
- Training for project director, on-site evaluator, and project staff

Special Considerations

Please consider the following before selecting this strategy for your community:

- This was a research project, not a program to be disseminated nor a product being offered to consumers.

- Replication would require very talented persons, including administrative, research, and organization development talent.

- Project PATHE is a comprehensive approach to restructuring education to improve achievement and student affective outcomes. It is a school change program, not a curriculum or packaged product that is simply "installed" in schools. Local educational leaders must invest heavily in a program development and evaluation process to design location-specific programs.

- Only persons who have read the research reports and who are seriously interested in replication should contact those individuals listed below.

Contact Information

Please note: This was a research project and is not a "product" being offered. The program developers request that only those persons who have read the research reports (see below) and who are seriously interested in replication contact the Gottfredsons.

Technical assistance and training is available by contracting with individuals listed on the web site:

> *http://www.gottfredson.com*

For additional program information and materials ordering information (Program Development and Evaluation for Schools and Communities) web site:

> *http://www.gottfredson.com*

or:
> Denise Gottfredson, Ph.D.
> University of Maryland, LeFrak Hall
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> E-mail: dgottfredson@crim.umd.edu
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> Phone: 301.405.4717
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> Fax: 301.405.4733

Additional references:

Gottfredson, Denise C. (1990). Changing school structures to benefit high-risk youths. *Understanding Troubled and Troubling Youth: Multidisciplinary Perspectives.* Newbury Park, CA: Sage.

Gottfredson, Denise C. (1986). An empirical test of school-based environmental and individual interventions to reduce the risk of delinquent behavior. *Criminology,* 24, 705-731. (Article can be ordered at *http//www.gottfredson.com*)

BEST PRACTICE: Project STAR

(Pentz et al)

Description of Best Practice

Please Note: This practice is not commercially available right now. The developers of Project STAR are currently developing a Training of Trainers in order to create an infrastructure to widely disseminate this program. Consequently, training and technical assistance on this project are not currently available.

(Excerpts from Drug Abuse Prevention: *What Works, National Institute on Drug Abuse,* 1997, pp. 47-50.)

The Midwestern Prevention Project, Project STAR (Students Taught Awareness and Resistance, Pentz et al. 1989, 1990) is a community-wide, multi-component universal substance abuse prevention program for students in early adolescence, in grades seven and eight.

Project STAR, which uses the school, family, and broader community environments as the launch sites for prevention programming, began in 1984 in Kansas City, Missouri and was later replicated in Indianapolis, Indiana. The Kansas City program is referred to as Project STAR and the Indianapolis program as Project I-STAR. Unless otherwise specified, the term Project STAR refers to both programs.

This research-based, universal prevention program has the following five elements:

- A school-based program
- Mass media programming
- A parent program
- Community organization
- Health policy change

Project STAR is a universal prevention program because an entire community receives the prevention messages through the media, and all the residents benefit from the community organization and health policy changes. All of the children in the designated grades receive the school program and their families receive the parent program without regard to their individual risk status or their membership in an at-risk subgroup.

The five elements of Project STAR are designed to be implemented in the sequence given:

1) The school-based program and mass media programming are implemented concurrently
2) The media component continues throughout the project

These are followed by:

3) The parent program
4) Community organization
5) The health policy change component

Some overlap occurs in the implementation of all these elements. This sequencing is recommended to increase the visibility and support and, ultimately, the impact of the project at all levels within the community. Each element is briefly described in the following paragraphs.

School-Based Program
The core of the school-based program is a social influence curriculum that is integrated into classroom instruction by trained teachers over a two-year period. Each of the lessons takes approximately 45 minutes of class time to complete.

- During the first year, a 13-lesson core curriculum is taught, followed by a five-lesson booster curriculum in the second year.

- Classroom work is supplemented by homework that is completed by both students and parents.

- Teachers are given an intensive three-day training (two days for the basic curriculum, one day for the booster curriculum) during which they learn the Project STAR teaching methods and strategies to encourage homework participation. This educational component focuses on increasing students' resistance skills.

In the process, an anti-drug climate is established throughout the school and community. This is accomplished through other interrelated facets of the school program, specifically, the active support of the school administration–principals and school district personnel–and student skill leaders who serve as role models for various aspects of skill development.

Mass Media Programming
Mass media programming is used to introduce, promote, and reinforce the implementation and maintenance of Project STAR. The media component, which begins at the same time as the school component and continues throughout Project STAR, is designed to provide the most effective means to disseminate the prevention message throughout the community. It also increases exposure of the project and relevant substance abuse issues.

Representatives from the media initially are encouraged to attend a two-hour overview session conducted by program staff. A media representative is then encouraged to participate formally in the community organization component of the program. Contact is maintained with the print, television, and radio media through press releases and other public relations strategies. Program staff work with advertising agencies and communications or public relations departments in businesses or universities to develop the content for public service announcements and educational or training tapes.

Parent Program
The parent program involves parents in several ways to increase student participation and expand the educational reach of the project:

- Parents are encouraged to participate in the school component by working with their children on homework assignments that they are required to complete together.

- Parents are encouraged to participate in a school-based parent organization that organizes initiatives and activities that limit youths' accessibility to substances, supports

fundraising efforts, and backs local school policies on substances.

- The parents are also given training opportunities that help develop effective communication, substance use resistance skills, and other techniques that support their children's substance-free behaviors.

This parent skill training program consists of two 2-hour sessions conducted at the school site. Parents are encouraged to participate in the community organization component of Project STAR.

Community Organization
Community organization is the glue that holds Project STAR together. It is a formal organization designed to develop support for Project STAR among volunteers and leaders from all sectors of the community and to oversee the implementation and maintenance of the program.

Community organization involves local leaders who work to ensure the integrity of the project, provide direction regarding the development of health policies concerning illicit drugs, help maintain community-wide support for substance abuse prevention, develop community campaigns to complement other program components, and help identify sources of consistent funding.

Health Policy Change
The health policy change component of Project STAR is the mechanism used to develop and implement local health policies that affect drug, alcohol, and tobacco laws. Policy development is one of the tasks of community organization.

Policy changes can include:

- Monitoring drug-free school zones
- Setting policies for drug-free workplaces
- Restricting smoking in public places
- Establishing guidelines for teacher referral of students to substance abuse counseling programs

Risk Factors Addressed

Availability of drugs
Community laws and norms
Friends who use
Favorable attitudes toward drug use

Protective Factors Addressed

Bonding: Family
Healthy beliefs and clear standards

CSAP Strategy

Information dissemination
Community-based process
Environmental

Type of Strategy

Universal

Populations Appropriate for This Best Practice

- Middle school youth
- Parents
- Community at large

Evaluating This Best Practice

The following are suggested areas to assess when implementing this practice:

- Determine the number and type of policies that related to the taxation of alcohol and tobacco.
- Determine decrease in alcohol, tobacco, and marijuana use by youth.
- Assess increased perceptions of friends' intolerance of drug use.

Costs and Special Considerations

Not currently available

Research Conclusions

The results of extensive evaluations in Kansas City and Indianapolis indicate that Project STAR is an effective multi-component, community-wide universal prevention strategy for reducing youth substance abuse and changing students' attitudes toward drug and alcohol abuse. Specifically, the Kansas City project results showed a significant decrease in alcohol, tobacco, and marijuana use among the students who participated in the project one year following their participation. This decrease in tobacco, alcohol, and marijuana abuse was maintained for more than three years after program participation.

Similar results from the Indianapolis project showed that students who participated in the program were less likely to smoke marijuana, drink alcohol, and abuse illegal drugs than students who did not participate in the program. The overall effectiveness of the Midwestern Prevention Project is discussed in greater detail in Drug Abuse Prevention for the General Population (by NIDA, 1997 – see below).

Contact Information

Please Note: This practice is not commercially available right now. The developers of Project STAR are currently developing a Training of Trainers in order to create an infrastructure to widely disseminate this program. Consequently, training and technical assistance on this project are not currently available.

For more information on this program, visit web site:

http://modelprograms.samhsa.gov

(Excerpt from *Drug Abuse Prevention: What Works,* National Institute on Drug Abuse, 1997, p. 50.)

For general inquiries, contact:
Karen Bernstein, MPH
Project Manager
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E-mail: karenber@usc.edu

Phone: 626 457.6687

Fax: 626.457.6695

The resource "Blueprint" offers step-by-step instructions that help communities plan and implement youth crime and vio-

lence prevention strategies. For a summary copy of this program, cost $10 per copy, contact:

Web site:

http://www.Colorado.EDU/cspv/blueprints/model/index.html

or

http://www.colorado.edu/cspv/blueprints

Center for the Study and Prevention of Violence
Institute of Behavioral Science
University of Colorado at Boulder
Campus Box 442
Boulder, CO 80309-0442

Phone: 303.492.8465

For a copy of the source of this page: *Drug Abuse Prevention for the General Population* by National Institute on Drug Abuse (1997) publication number PB# 98-113095, May 2001. Cost (subject to change): $36 plus $5 handling, contact: National Technical Information Services at 800.553.6847.

For a copy of the *Drug Abuse Prevention Package: Drug Abuse Prevention: What works; Community Readiness for Drug Abuse Prevention; Issues, Tips, and Tools; Drug Abuse Prevention and Community Readiness: Training Facilitators Manual,* 1997, by National Institute on Drug Abuse, publication number PB# 97-209605, also contact: National Technical Information Services. Packet costs as of May 2001 (subject to change): $83 plus $5 handling.

BEST PRACTICE: Project STATUS

Description of Best Practice

(Excerpt reprinted with permission from the Center for the Study and Prevention of Violence, Institute of Behavioral Science, Regents of the University of Colorado, *http://www.Colorado.EDU/cspv/blueprints/promise/status.htm*)

Project STATUS (Student Training Through Urban Strategies) is a school-based program that helps students become active, responsible members of their community. Based on the belief that isolating students in book-learning environments fails to inspire commitment to schools and belief in social rules, the Project provides a more challenging and relevant educational experience. It increases students' pro-social behaviors by providing contact with positive adult role models, enhancing stakes in conformity, and altering peer relationships.

The Project STATUS program combats youths' anti-social behavior through two main strategies: improving the school's climate and implementing a year-long English/Social Studies class that focuses on key social institutions. The school climate intervention allows students, school personnel, parents, and community members to work together for change, and is comprised of four components:

1. A youth committee/leadership training class in which students identify and help solve school problems

2. Staff development training to improve student discipline procedures and increase positive and supportive interactions between staff and students

3. Action committees in which citizens make community resources available to students and serve as positive role models

4. Parent meetings that allow parents to contribute to school decision-making and improves awareness of their children's educational activities

Junior and senior high school students, and students at-risk for dropping out of school targeted for the options class. The options class increases the relevance of in-school learning to life experiences by educating students about social institutions.

The junior high program focuses on:

• the school (its rules and their enforcement, and students' rights and responsibilities)

• human nature, interpersonal relationships, and norms for behavior; the family; social contracts and their contributions to the social order; and

• the criminal justice system (including its justice, fairness, and equity)

The high school curriculum substitutes job market and life planning skills for the human nature and family units.

All classes emphasize active student involvement and include field trips, guest speakers, role playing, and independent and group research. These activities promote:

• Students' understanding of society and its systems of laws
• Emphasize critical thinking and problem-solving skills
• Increase academic success

Risk Factors Addressed

Persistent antisocial behavior
Friends involved in the problem behavior
Low commitment to school

Protective Factors Addressed

Bonding: School

CSAP Strategy

Educational
Environmental

Type of Strategy

Selective

Populations Appropriate for This Best Practice

Junior and senior high school students at-risk for dropping out of school

Evaluating This Best Practice

The following are suggested areas to assess when implementing this practice:

• Assess delinquency rate of participants
• Assess level of drug use
• Assess level of negative peer influence
• Assess academic success of participants
• Assess level of attachment to school

Research Conclusions

(Excerpt reprinted with permission from the Center for the Study and Prevention of Violence, Institute of Behavioral Science, Regents of the University of Colorado, *http://www.Colorado.EDU/cspv/blueprints/promise/status.htm*)

An evaluation of Project STATUS showed significant beneficial effects for intervention students, compared to control students, including the following:

• Less total delinquency for all students and less serious delinquency for high school students

• Less drug involvement for junior high students

• Less negative peer influence

• Greater academic success, including higher grades and perceptions of schools as less punishing

• Greater social bonding, including greater attachment to

school for junior high students, and increased self-concept, attachment to school, interpersonal competency, involvement, months on roll, and less alienation for high school students

Costs and Special Considerations

Not currently available

Contact Information

A research article only is available from:

Denise Gottfredson
2220D LeFrak Hall
College Park, MD 20742

E-mail: dgottfredson@crim.umd.edu

Phone: 301.405.4717

BEST PRACTICE: Project Towards No Drug Abuse

Description of Best Practice

(Excerpts taken from: *http://modelprograms.samhsa.gov* and from materials provided by Steve Sussman.)

Project Towards No Drug Abuse (TND) includes 12 classroom-based lessons, approximately 40 to 50 minutes each, designed to be implemented over a four-week period, although they could be spread out over as long as five weeks on the condition that all lessons are taught. The instruction to students provides detailed information about the social and health consequences of drug use, and addresses topics including instruction in active listening, effective communication skills, stress management, tobacco cessation techniques, and self-control to counteract risk factors for drug abuse relevant to older teens.

The theory underlying Project TND is that young people at risk for drug abuse will be best able to not use drugs if they:

1. Are aware of misleading information that facilitates drug use and are motivated to not use drugs (e.g., drug-use myths, stereotyping)

2. Have skills to help them bond to lower risk contexts (e.g., coping, self-control)

3. Appreciate the consequences that drug use may have on their own and others' lives (e.g., chemical dependency)

4. Are aware of cessation strategies

5. Have decision-making skills to make a commitment to not abuse drugs

Risk Factors Addressed

Favorable attitudes toward use

Protective Factors Addressed

Skills

CSAP Strategy

Education

Type of Strategy

Selective
Indicated

Populations Appropriate for This Best Practice

- High school youth at high risk for drug abuse
- Alternative high school students
- Caucasian youth
- Latino youth
- African American youth
- Asian American youth

Evaluating This Best Practice

This best practice comes with an immediate post-test evaluation tool that can be used when implementing this strategy, upon request.

Evaluation Tool Cost: $2.50

The following suggestion is an area you may want to assess if you implement this best practice:

- Assess the prevalence of use by participants in the following areas: 30-day cigarette use, 30-day marijuana use, 30-day "hard drug" use, 30-day alcohol use, and 1-year weapons carrying.

Research Conclusions

(Excerpt from materials provided by Steve Sussman)

At one-year follow-up relative to comparisons, participants experienced:

- 27% prevalence reduction in 30-day cigarette use
- 22% prevalence reduction in 30-day marijuana use
- 26% prevalence reduction in 30-day hard drug use
- 9% prevalence reduction in 30-day alcohol use among baseline drinkers
- 25% prevalence reduction in 1-year weapons carrying among males

Note: Prevalence reduction refers to no engagement in a behavior within the time period specified (i.e., the last 30 days, the last year)

Costs as of December 2001 (Subject to Change)

Training Time: 2 days

Training Cost:
$400 per day for trainer/consultant
$190 for support staff preparation work
Plus travel and incidental expenses

Materials Cost:
Teacher's Manual: $70
Student Workbook (set of 5): $50
Video: "Drugs and Life's Dreams," $40
Articles: $2.50 each

Special Considerations

Please consider the following before selecting this strategy for your community:

- Delivering 12 lessons, each 40 to 50 minutes in duration. An earlier model involved delivery of 9 lessons, whereas the current Project TND model involved the addition of 3 more lessons (to target marijuana use and cigarette smoking). This current model is designed to be delivered during a 4-week period, although lessons could be spread over 6 weeks on the condition that all lessons are taught.

- To be successful, the program should be teacher led and classroom based. Neither the use of a school-as-community component, nor use of a self-instruction version of these lessons, contributes to the effectiveness of the program.

- Many states are able to provide information and technical assistance on this curriculum. For inquiries, call the tobacco prevention coordinator at your state department of education or your state department of health.

- Local Boards of Education usually provide certificates and/or continuing education.

Contact Information

For information on training and materials, contact:
    France Deas, Administrative Assistant
    Institute for Health Promotion and Disease Prevention
       Research
    University of Southern California
    1000 South Fremont Avenue, Unit #8
    Alhambra, CA 91803

    E-mail: deas@hsc.usc.edu

    Phone: 626.457.6634

    Fax: 626 457.4012 or 5856

For research questions, contact:
    http://www.cceanet.org/Research/Sussman/tnd.htm

    Steve Sussman, Ph.D., Principal Investigator
    Institute for Health Promotion and Disease Prevention
       Research
    University of Southern California
    1000 South Fremont Avenue, Unit #8
    Alhambra, CA 91803

    E-mail: ssussma@hsc.usc.edu

    Phone: 626 457.6635

    Fax: 626.457.4012 or 5856

BEST PRACTICE: Project Towards No Tobacco Use

Description of Best Practice

The theory underlying Project TNT is that young people will be best able to resist using tobacco products if they:

1. Are aware of misleading social information that facilitates tobacco use (e.g. advertising, inflating prevalence estimates)

2. Have skills that counteract the social pressures to achieve approval by using tobacco

3. Appreciate the physical consequences that tobacco use may have on their own lives (e.g., the beginnings of addiction).

Project TNT is designed to counteract different causes of tobacco use simultaneously because the behavior is determined by multiple causes. This comprehensive approach is well suited to a wide variety of youth who may differ in risk factors that influence their tobacco use.

Length
Ten core lessons and two booster lessons, each 40 to 50 minutes. The ten core lessons are designed to occur during a two-week period, although they could be spread over four weeks on the condition that all lessons are taught. The two-lesson booster was developed to be taught one year after the core lessons in a two-day sequence. However, these could be taught one lesson per week.

Objectives
At the completion of the program, students will be able to:

- Describe the course of tobacco addiction and disease, the consequences of using tobacco, and the prevalence of tobacco use among peers

- Demonstrate effective communication, refusal, and cognitive coping skills

- Identify how the media and advertisers influence teens to use tobacco products

- Identify methods for building their own self-esteem

- Describe strategies for advocating no tobacco use

Strategy Implementation
The implementation teacher's manual provides step-by-step instructions for completing each of the 10 core lessons and two booster lessons, together with introductory and background material. Two videos are also included to support the curriculum. The first, *Stand Up for Yourself*, emphasizes assertive and refusal skills and is produced specifically and produced by Churchill Media in both English and Spanish specifically to support Session Seven of the curriculum. The second, *Tobacco Use Social Images*, is designed to combat tobacco use-specific social images to support Session Eight of the curriculum.

Risk Factors Addressed

Early initiation of the problem behavior

Protective Factors Addressed

Skills:
Communication
Refusal
Cognitive Coping

CSAP Strategy

Information dissemination
Education

Type of Strategy

Universal

Populations Appropriate for This Best Practice

- Students in grade 7
- White non-Hispanic
- Latino
- African American
- Asian American

Evaluating This Best Practice

This best practice comes with a pre-test/post-test evaluation tool and health educator rating tools that can be used when implementing this strategy.

Evaluation Tool Cost: $2.50

The following are suggested areas to assess when implementing this practice:

- Assess reduction in initiation of cigarettes and smokeless tobacco

- Assess acquisition of communication skills, refusal skills, and cognitive coping skills

- Assess frequency of cigarette and smokeless tobacco use

Research Conclusions

Behavioral Findings
- Students in Project TNT reduced initiation of cigarettes by approximately 26% over the control group, when one-year and two-year follow-up outcomes were averaged together.

- Students in Project TNT reduced initiation of smokeless tobacco use by approximately 30%.

- Weekly or more frequent cigarette smoking by students in the Project TNT group was reduced by approximately 60%

- For students in the Project TNT group, weekly or more frequent smokeless tobacco use was eliminated.

Costs as of December 2001 (Subject to Change)

Training Time: 2 days

Training Costs:
- $400 per day for trainer/consultant
- $190 for support staff preparation work
- Plus travel and incidental expenses

Strategy Implementation:
- $45 (plus shipping and handling) for implementation teacher's manual
- $18.95 (plus shipping and handling) for a set of five student workbooks
- $40 for the video, "Tobacco Use Social Images"
- $79.95 for the video, "Stand Up For Yourself"
- $40 each for the TNT Cessation Program
- $2.50 each for 3 research articles

The implementation teacher's manual provides step-by-step instructions for completing each of the 10 core lessons and two booster lessons, together with introductory and background material.

The "Tobacco Use Social Images" video is designed to combat tobacco use-specific social images and produced by Churchill Media in both English and Spanish specifically to support Session Seven of the curriculum.

The "Stand Up For Yourself" video emphasizes assertive and refusal skills and is produced specifically to support Session Eight of the curriculum.

Special Considerations

Please consider the following before selecting this strategy for your community:

- Many states are able to provide information and technical assistance on this curriculum. For inquiries, call the tobacco prevention coordinator at your state department of education or your state department of health.

- Local Boards of Education usually provide certificates and/or continuing education.

Contact Information

For more information on this program, visit web site:

   http://modelprograms.samhsa.gov

For information on training, videos and ancillary materials, contact:

   France Deas, Administrative Assistant
   Institute for Health Promotion and Disease Prevention
      Research
   University of Southern California
   1000 South Fremont Avenue, Unit #8
   Alhambra, CA 91803

   E-mail: deas@hsc.usc.edu

   Phone: 626.457.6634

   Fax: 626.457.4012 or 5856

For research questions, contact:
   http://www.cceanet.org/Research/Sussman/tnd.htm

   Steve Sussman, Ph.D., Principal Investigator
   Institute for Health Promotion and Disease Prevention
      Research
   University of Southern California
   1000 South Fremont Avenue, Unit #8
   Alhambra, CA 91803

   E-mail: sussma@hsc.usc.edu

   Phone: 626.457.6635

   Fax: 626.457.4012 or 5856

To order the teacher's manual and workbooks, and for shipping and handling rates, contact:

   Web site: *http://www.etr.org*

   (print catalogues can also be requested on-line)

   ETR Associates
   P. O. Box 1830
   Santa Cruz, CA 95061-1830

   Customer Service Phone:

            800.321.4407, 6:30 AM to 5:00 PM PST

   Phone: 800.321.4407

   Fax: 800.435.8433

BEST PRACTICE: Promoting Alternative Thinking Strategies

Description of Best Practice

(Excerpt reprinted with permission from the Center for the Study and Prevention of Violence, Institute of Behavioral Science, Regents of the University of Colorado, *http://www.Colorado.EDU/cspv/blueprints/model/ten_paths.htm*)

The PATHS (Promoting Alternative Thinking Strategies) Curriculum is a comprehensive program for promoting emotional and social competencies and reducing aggression and behavior problems in elementary school-aged children while simultaneously enhancing the educational process in the classroom. This innovative curriculum is designed to be used by educators and counselors in a multi-year, universal prevention model. Although primarily focused on the school and classroom settings, information and activities are also included for use with parents.

The PATHS Curriculum was developed for use in the classroom setting with all elementary school aged-children. PATHS has been field-tested and researched with children in regular education classroom settings, as well as with a variety of special needs students (deaf, hearing-impaired, learning disabled, emotionally disturbed, mildly mentally delayed, and gifted). Ideally, it should be initiated at the entrance to schooling and continue through Grade 5.

The PATHS Curriculum, taught three times per week for a minimum of 20-30 minutes per day, provides teachers with systematic, developmentally-based lessons, materials, and instructions for teaching their students:

- Emotional literacy
- Self-control
- Social competence
- Positive peer relations
- Interpersonal problem-solving skills

A key objective of promoting these developmental skills is to prevent or reduce behavioral and emotional problems.

PATHS lessons include instruction in:

- Identifying and labeling feelings
- Expressing feelings
- Assessing the intensity of feelings
- Managing feelings
- Understanding the difference between feelings and behaviors
- Delaying gratification
- Controlling impulses
- Reducing stress
- Self-talk
- Reading and interpreting social cues
- Understanding the perspectives of others
- Using steps for problem-solving and decision-making
- Having a positive attitude toward life
- Self-awareness
- Nonverbal communication skills
- Verbal communication skills

Teachers receive training in a two- to three-day workshop and in bi-weekly meetings with the curriculum consultant.

Risk Factors Addressed

Early antisocial behavior

Protective Factors Addressed

Skills: Emotional and social competence

CSAP Strategy

Education

Type of Strategy

Universal

Populations Appropriate for This Best Practice

- Elementary school-aged children
- Special needs students (deaf, hearing-impaired, learning disabled, emotionally disturbed, mildly mentally delayed, and gifted)
- Caucasian
- African American

Evaluating This Best Practice

This best practice does not come with an evaluation tool for implementing this strategy.

The following are suggested areas to assess when implementing this practice:

- Assess conduct problems (through teacher reports)
- Assess use of effective conflict-resolution strategies
- Assess improved thinking and planning skills
- Assess ability to tolerate frustration
- Assess self-control

Research Conclusions

(Excerpt reprinted with permission from the Center for the Study and Prevention of Violence, Institute of Behavioral Science, Regents of the University of Colorado, *http://www.Colorado.EDU/cspv/blueprints/model/ten_paths.htm*)

The PATHS Curriculum has been shown to improve protective factors and reduce behavioral risk factors. Evaluations have demonstrated significant improvements for program youth (regular education, special needs, and deaf) compared to control youth in the following areas:

- Improved self-control
- Improved understanding and recognition of emotions
- Increased ability to tolerate frustration
- Use of more effective conflict-resolution strategies
- Improved thinking and planning skills
- Decreased anxiety/depressive symptoms (teacher report of special needs students)
- Decreased conduct problems (teacher report of special needs students)

- Decreased symptoms of sadness and depression (child report – special needs)
- Decreased report of conduct problems, including aggression (child report)

Costs as of December 2001 (Subject to Change)

Training Time: Three days

Training Cost:
To be discussed with the contact listed below

Strategy Implementation: $640 plus shipping for the curriculum kit.

This figure includes the following:

- One instructor's manual
- Five curriculum manuals
- One Turtle unit manual
- Additional curriculum materials (posters, puppets, etc.)

Note: Program costs over a three-year period would range from $15/student/year to $45/student/year. The higher cost would include hiring an on-site coordinator, the lower cost would include redeploying current staff.

Special Considerations

Please consider the following before selecting this strategy for your community:

- This program is an elementary school-based program.

Contact Information

For general information, contact:
    Sarah Clay
    Channing Bete Company
    One Community Place
    South Deerfield, MA 01373-0200

    E-mail: sclay@channing-bete.com

    Phone: 800.828.2827

    Fax: 413.665.7117

    Web site: *www.channing-bete.com*

For training and materials, contact:
    Beth Huanca
    Channing Bete Company
    One Community Place
    South Deerfield, MA 01373-0200

    E-mail: bhuanca@channing-bete.com

    Phone: 800.828.2827

    Fax: 800.329.2939

For technical assistance, contact:
    Mark Greenberg, Ph.D.
    Prevention Research Center
    Henderson Building South
    Pennsylvania State University
    University Park, PA 16802

    E-mail: mxg47@psu.edu

    Phone: 814.863.0112

    Fax: 814.865.2530

For a copy of a summary of the "Blueprint" (step-by-step instructions that will help communities plan and implement youth crime and violence prevention strategies) for this program (Cost: $15 per copy) visit web site:
    http://www.colorado.edu/cspv/blueprints
 or contact:
    Center for the Study and Prevention of Violence
    Institute of Behavioral Science
    University of Colorado at Boulder
    Campus Box 442
    Boulder, CO 80309-0442

    Phone: 303 492.8465

BEST PRACTICE: Quantum Opportunities Program

Description of Best Practice

(Excerpts from: *The Quantum Opportunities Program,* 1998, In *Blueprints for Violence Prevention* [Book 4] Center for the Study and Prevention of Violence, Institute of Behavioral Science, University of Colorado)

Quantum Opportunities Program (QOP) is a four-year, year round program that provides a balanced sequence of education opportunities, development opportunities, and service opportunities to small groups of youth from families receiving public assistance. The participants (called "Associates") from grade nine through high school graduation, are given an opportunity to receive annually:

- 250 hours of education activities: computer-assisted instruction, peer tutoring, etc., to enhance basic academic skills

- 250 hours of development activities: cultural and development activities, acquiring life/family skills, planning for college and advanced training, and job preparation

- 250 hours of service activities: community service projects, helping with public events, and working as a volunteer in various agencies

Everyone involved in QOP shares in performance-based incentives. Modest cash and scholarship incentives are offered to participants to provide short-term motivation. Incentives are also provided for staff and agencies based on student participation hours. The program is coordinated by a caring adult who serves as a mentor, role model, disciplinarian, broker, and problem solver.

Although the development of QOP was not based on any particular theoretical model, the rationale underlying QOP principles most closely resembles assumptions found in the Social Development Model (Catalano and Hawkins, 1996). Briefly, this theory states that four prerequisites are necessary for successful youth development:

1. Perceived opportunities for involvement in activities and interactions with others

2. A degree of involvement and interaction

3. The skills to participate in these involvements and interactions

4. The reinforcement they perceive as forthcoming from performance in activities and interactions

These four processes, when consistent, act to create a social bond between the individual and the socializing unit, which has the power to affect behavior independently of the four social learning processes. When a strong social bond develops, individuals develop a stake in conforming to the norms and values of the socializing unit. The social bond that develops consists of attachment and commitment to the socializing unit, and belief in its values.

Utilizing the four processes described above, the QOP framework strives to compensate for some of the deficits found in poverty areas, by:

- Compensating for both the perceived and real lack of opportunities, which are characteristic of disadvantaged neighborhoods (e.g., QOP instills the belief that success and upward mobility is attainable; it helps youth to overcome the negative and formulate goals and work toward their achievement)

- Providing interactions and involvement with persons who hold pro-social values and beliefs (e.g., QOP strives for a caring and enduring relationship between each Associate and Coordinator; the Coordinator becomes surrogate parent, role model, advisor, and disciplinarian)

- Enhancing the skill levels (academic and functional) of Associates to equip them for success (e.g., education, development activities, and service activities)

- Reinforcing positive achievements and actions (e.g., instructors, instructional approaches and instructional materials provide frequent feedback and positive reinforcement which recognize both individual effort and achievement)

Risk Factors Addressed

Extreme economic deprivation
Academic failure

Protective Factors Addressed

Healthy beliefs and clear standards
Opportunities, skills, and recognition
School bonding

CSAP Strategy

Education
Alternatives

Type of Strategy

Selective

Populations Appropriate for This Best Practice

- Economically disadvantaged
- 9th grade through graduation from high school

Evaluating This Best Practice

The following are suggested areas to assess when implementing this practice:

- Assess graduation rates of participants
- Assess number of participants who go on to attend post-secondary school

Research Conclusions

An evaluation of the Quantum Opportunities Program was conducted throughout the years that QOP participants and

a control group were in high school, with a follow-up one year after QOP ended. Results indicate that:

- QOP participants had more positive outcomes in terms of educational attainment and social achievement

- In the year following the end of QOP, Associates were more likely than control group members to have graduated from high school and to be attending a post-secondary school

- One year after QOP ended, the proportion of QOP participants receiving honors or awards was nearly three times higher than the control group, and the proportion of individuals who had performed some sort of community service was higher

- QOP participants were less likely to be arrested during the juvenile years and they also had fewer children than the control group

Costs and Special Considerations

Please inquire of the contact below.

Contact Information

For more information contact:
C. Benjamin Lattimore or Deborah L. Scott
Opportunities Industrialization Centers of America
1415 North Broad Street
Philadelphia, PA 19122

E-mail: CBEL2@aol.com for Benjamin, and
DScott7955@aol.com for Deborah

Phone: 215.236.4500

Fax: 215.236.7480

For a copy of a summary of the "Blueprint" (step-by-step instructions that will help communities plan and implement youth crime and violence prevention strategies) for this program, visit:

http://www.colorado.edu/cspv/blueprints

Center for the Study and Prevention of Violence
Institute of Behavioral Science
University of Colorado at Boulder
Campus Box 442
Boulder, CO 80309-0442

Phone: 303.492.8465

BEST PRACTICE: Raising a Thinking Child:
I Can Problem Solve (ICPS) Program for Families

Description of Best Practice

(Excerpt from Strengthening America's Families' web site *http://www.strengtheningfamilies.org/index.html*)

The focus of this program is on developing a set of interpersonal cognitive problem solving (ICPS) skills that relate to overt behaviors as early as preschool. By enhancing ICPS skills, the ultimate goal is to increase the probability of preventing later, more serious problems by addressing the behavioral predictors early in life.

In addition to behavioral outcomes, the parent intervention is designed to help parents use a problem-solving style of communication that guides young children to think for themselves. The program was originally designed for mothers or legal guardians of African American, low-income four year-olds. The program now includes parents of children up to age seven and has been expanded to include middle and upper-middle income populations in the normal behavioral range as well as those displaying early high-risk behaviors. These include those diagnosed with Attention Deficit Hyperactivity Disorder and other special needs.

The program takes ten to twelve weekly sessions to complete, although a minimum of six weeks is sufficient to convey the approach.

- The first section focuses on learning a problem-solving vocabulary in the form of games.

- The second section concentrates on teaching children how to listen. It also teaches them how to identify their own and other's feelings, and to realize that people can feel different ways about the same thing.

- In the last section children are given hypothetical problems and are asked to think about people's feelings, consequences to their acts, and different ways to solve problems.

During the program, parents are given exercises to help them think about their own feelings and become sensitive to those of their children. Parents also learn how to find out their child's view of the problem and how to engage their child in the process of problem solving.

Risk Factors Addressed

Early antisocial behaviors

Protective Factors Addressed

Interpersonal Problem Solving Skills

CSAP Strategy

Education

Type of Strategy

Universal

Populations Appropriate for This Best Practice

- Children 4-7 years old and their parents
- Low income African American families
- Middle and upper middle income Caucasian families
- Children with Attention Deficit Hyperactivity Disorder

Evaluating This Best Practice

This best practice comes with evaluation tools that can be used when implementing this strategy.

Evaluation Tool Cost: $38.50.

This figure includes the following options:

Preschool Interpersonal Problem Solving (PIPS) test, $17.50

What Happens Next Game (WHNG) $8.50

Behavior Rating Scale, $5.00

Child Rearing Style Interview, $7.50

Each tool above is separate and optional.

The following are suggested areas to assess when implementing this practice:

- Assess increase in interpersonal problem solving skills, including an increase in alternative solution thinking and consequential thinking

- Assess decrease in early antisocial behavior

Research Conclusions

(Excerpt from Strengthening America's Families' web site *http://www.strengtheningfamilies.org/index.html*)

Among low-income African American mothers, one pilot and two hypothesis-testing studies were done with their four year-olds, and a three year follow-up with mothers and their six to seven year-olds. Among middle and upper middle-income Caucasian families, two qualitative service evaluations by staff of mental health associations were conducted.

With over 100 families participating in the research and evaluations, relatively normal children with varying degrees of high-risk behaviors, as well as those with ADHD, significantly improved in:

- Alternative solution thinking
- Consequential thinking
- High-risk behaviors both in school and at home

Costs as of December 2001 (Subject to Change)
Training Time:
One-half day or one full day; two day trainings are also available

Training Costs:
- $1,000 per day plus travel and expenses for any number of participants. (However, training costs are negotiable, as needed.)

- $19.95 per trainer and per parent (of children ages 4 to 7) for parent training workbook. Training materials are also available for 8 to 12 year-olds.

- Optional: $13 per parent trainer for Raising A Thinking Child book

Note: Trainers come on-site, present a program overview, role-play lesson implementation, and role-play how to talk with children using the problem solving style. Training can be a train-the-trainers model or training parents directly. Training can be combined with the school curricula, I Can Problem Solve, or stand-alone for parent educators and/or parents.

Special Considerations

Please consider the following before selecting this strategy for your community:

- Parents need at least a fourth grade reading level to read the questions in the workbook to their children.

- Older children can also "play teacher" and read the questions to younger children as well.

- Parents unable to read can be taken through the pages for parents (the ICPS ladder) orally in group meetings.

Contact Information

To order the Raising a Thinking Child Workbook published by Research Press and currently available for $19.95 (plus S & H) contact:

> Web site: *http://researchpress.com*

or:
> Toll free: 800.519.2707

One manual is needed per parent.

To order the book *Raising a Thinking Child,* published by Pocketbooks for $13, visit your local bookstore or, to order in quantities, call 212.698.2105. One book is needed for each parent trainer, but parents can learn the approach with the above-mentioned workbook only.

Note: For school curriculum see the I Can Problem Solve program.

For more information on training, materials and the evaluation of this program, contact:

Myrna Shure, Ph.D.
MCP Hahnemann University
245 North 15th Street, MS 626
Philadelphia, PA 19102-1192

E-mail: mshure@drexel.edu

Phone: 215.762.7205

Fax: 215.762.8625

BEST PRACTICE: Raising the Minimum Legal Drinking Age

Description of Best Practice

(Excerpt from *Alcohol Alert,* National Institute on Alcohol Abuse and Alcoholism, October 1996, No. 34, p. 1, PH 370.)

Minimum Legal Drinking Age (MLDA) legislation is intended to reduce alcohol use among those under 21, to prevent traffic deaths, and to avoid other negative outcomes.

Risk Factors Addressed

Community laws and norms favorable toward drug use

Protective Factors Addressed

Healthy beliefs and clear standards

CSAP Strategy

Environmental

Type of Strategy

Universal

Populations Appropriate for This Best Practice

Drivers under 21 years old

Evaluating This Best Practice

The following are suggested areas to assess when implementing this practice:

- Assess reduced alcohol consumption among those under age 21

- Assess rate traffic crashes and related fatalities among those under age 21

Research Conclusions

(Excerpt from *Alcohol Alert,* National Institute on Alcohol Abuse and Alcoholism, October 1996, No. 34, p. 1, PH 370.)

Raising the minimum legal drinking age (MLDA) has been accompanied by reduced alcohol consumption, traffic crashes, and related fatalities among those under 21.

A nationwide study found a significant decline in single-vehicle nighttime fatal crashes among drivers under 21 – those most likely to involve alcohol – among drivers under 21 following increases in the MLDA.

Costs and Special Considerations

None identified

Contact Information

For more information on related topics (example: Save Lives: Recommendations to Reduce Underage Access to Alcohol, in the Resources section of the web site)

Join Together
441 Stuart Street, 6th Floor
Boston, MA 02116

Phone: 617.437.1500

Fax: 617.437.9394

Web site: *www.jointogether.org*

BEST PRACTICE: Reconnecting Youth Program
(Eggert et al)

Description of Best Practice

(Excerpt from *Preventing Drug Use Among Children and Adolescents: A Research-Based Guide,* National Institute on Drug Abuse, 1997, pp. 27-28.)

Reconnecting Youth is a school-based indicated prevention program that targets young people in grades 9 through 12 who show signs of poor school achievement and potential for dropping out of high school. They also may show signs of multiple problem behaviors (such as substance abuse, depression, and suicidal ideation). The program teaches skills to build resiliency with respect to risk factors and to moderate the early signs of substance abuse.

To enter the program, students must have fewer than the average number of credits earned for their grade level, have high absenteeism, and show a significant drop in grades. Or a youth may enter the program if he or she has a record of dropping out or has been referred as a significant dropout risk.

The program incorporates social support and life skills training with the following components:

- Personal Growth Class

- A semester-long, daily class designed to enhance self-esteem, decision making, personal control, and interpersonal communication

- Social activities and school bonding to establish drug-free social activities and friendships, as well as improving a teenager's relationship to school

- School system crisis response plan for addressing suicide prevention approaches

Risk Factors Addressed

Friends involved in problem behavior
Academic failure
Persistent antisocial behavior

Protective Factors Addressed

Bonding: School

CSAP Strategy

Education
Problem identification and referral

Type of Strategy

Indicated

Populations Appropriate for This Best Practice

Students in grades 6-12 who show signs of poor school achievement and potential for dropping out of high school

Evaluating This Best Practice

This best practice comes with an evaluation tool that can be used when implementing this strategy.

Evaluation Tool Cost:
The evaluation tools for process and outcome evaluation are included in the published curriculum. There is no additional cost involved at present. However, there is a cost if organizations want to the data analysis conducted for them. The fee for data analysis would be dependent on the size of the sample and evaluation tasks to be performed.

The following are suggested areas to assess when implementing this practice:

- Assess improved school performance
- Assess increased bonding to school
- Assess increased social support
- Assess decreased deviant peer bonding
- Assess decreased anger and aggression

Research Conclusions

(Excerpt from *Preventing Drug Use Among Children and Adolescents: A Research-Based Guide,* National Institute on Drug Abuse, 1997, p. 28.)

Research shows that this program:

- Improves school performance
- Reduces drug involvement
- Decreases deviant peer bonding
- Increases: self-esteem, personal control, school bonding, and social support
- Decreases: depression, anger and aggression, hopelessness, stress, and suicidal behaviors

Further analysis indicates that the support of Personal Growth Class teachers contributes to decrease in drug involvement and suicide risk behaviors.

Costs as of January 2002 (Subject to Change)

Training Time: 4 – 5 days

Training Costs:
- $750 per day per trainer (One trainer is required for each 5-8 persons being trained)

- Trainers' travel and per diem costs

- $189 plus tax/shipping for the Reconnecting Youth Curriculum

- Reproduction costs for one training manual per participant

Special Considerations

Please consider the following before selecting this strategy for your community:

- It is recommended that the selection of individuals for training and Reconnecting Youth implementation be discussed with the program developers

- See the Reconnecting Youth manual, chapters one and two, for additional areas to take into consideration: Eggert, LL & Nicholas, LJ. (1995) *Reconnecting Youth: A Peer Group Approach to Building Life Skills.* Bloomington, IN: National Educational Service

Contact Information

For more information on this program, visit web site:

http://modelprograms.samhsa.gov.

For training or additional information on this best practice, contact:

Liela J. Nicholas, M.Ed.
Reconnecting Youth Prevention Research Program
14620 NE 65th Court
Redmond, WA 98052

Phone: 425 861.1177

Fax: 425 861.8071

To order the curriculum, contact:

National Educational Service
1252 Loesch RD
Bloomington, IN 47404

E-mail: nes@nesonline.com

Phone: 800.733.6786

Fax: 812 336.7790

Web site: *http://www.nesonline.com* or:

For a copy of the source of this page, *Drug Abuse Prevention for At-Risk Individuals* by National Institute on Drug Abuse (1997) publication number PB# 97-209605, contact National Technical Information Services, 800.553.6847. Note: This book is part of a 5-book packet that costs $83 plus $5 handling.

BEST PRACTICE: Residential Student Assistance Program

Description of Best Practice

(Excerpt from *Understanding Substance Abuse Prevention – Toward the 21st Century: A Primer on Effective Programs,* Center for Substance Abuse Prevention, unpublished document.)

The Residential Student Assistance Program in Westchester County, NY (Grant # 0618) was a five-year demonstration program begun in 1988. The program model was based on successful Employee Assistance Programs (EAPS) used by industry to identify and aid employees whose performance and lives had been adversely affected by substance use. Also feeding into the design of this effort were the successful experiences the county had when it initially implemented a Student Assistance Program in 1977 with the county's high school population.

A large part of this effort was designed to determine if the program could be adapted and remain effective with very high-risk, institutionalized adolescent youth. As such, the residential facilities included in this project included a locked county correctional facility, a residential treatment center for adolescents with severe psychiatric problems, a non-secure residential facility for juvenile offenders sentenced by the court, and three foster care facilities for abused, neglected, orphaned, or troubled adolescents placed by social service agencies. Participants were primarily 14-17-year-old African Americans and Hispanic origin youth.

The SAPs employ highly trained, professional Student Assistant Counselors (SACs) placed full or part-time in the residential facilities to provide culturally sensitive substance use prevention and intervention services, including:

- Establishing a supervisory partnership between an ATOD prevention agency and the residential child care facility.

- In this vein, a Substance Use Task Force composed of clinical, administrative, and line staff meet with the SAC weekly for about an hour to discuss relevant problems and develop plans aimed at their remediation.

- Providing training and consultation with the child care staff to increase their awareness and ownership of and skill in implementing ATOD prevention strategies

- Implementing an EAP for residential child care staff experiencing personal problems

- Assessing all new residents for physical, personal, and social resources as well as problems and substance use upon entry into the program

- Assisting residents through developing and leading a Residential Task Force. The task force meets for 30-45 minutes weekly and is designed to change the culture and norms of the facility, to decrease the stigma of interacting with SACs, and to increase self-referral for prevention/treatment activities

- Providing individual educational and motivational counseling for residents who have chemically dependent parents (COAs/COSAs). These six to eight sessions of 45-minute duration are directed at increasing residents' awareness of parents' behavior and minimizing or eliminating the youths' own substance use.

- Implementing group counseling for COAs, COSAs, and substance users, in which groups of eight to ten residents discuss and role play for about 45 minutes for six to eight sessions on topics including adolescence, family problems, stress, and consequences of substance use. Other groups are designed to help residents identify and resist social and situational pressures to use substances, and to correct misperceptions of normative substance use. Each of these groups last eight to 12 sessions and require about 45 minutes each.

- Making substance use treatment referrals outside the residential facility

- Hosting 12-Step meetings at the facility

Please Note: Many prevention funding agencies classify this program a "treatment" program, not a prevention program. Please check with your funding agency before implementing with prevention dollars.

Risk Factors Addressed

Persistent antisocial behavior
Family history of substance abuse

Protective Factors Addressed

None identified

CSAP Strategy

Information dissemination
Education
Problem identification and referral

Type of Strategy

Indicated

Populations Appropriate for This Best Practice

- Institutionalized adolescents, 14-17 years
- African Americans
- Hispanic

Evaluating This Best Practice

The following are suggested areas to assess when implementing this practice:

- Assess decrease in use of alcohol, tobacco, and marijuana
- Assess decrease in quantity and number of drugs used

Research Conclusions

(Excerpt from Understanding Substance Abuse Prevention – Toward the 21st Century: A Primer on Effective Programs, Center for Substance Abuse Prevention, unpublished document.)

- Evaluation data demonstrated that services offered by the Residential SAP were a key ingredient in a marked decrease in substance use among participants.

- Further, youth who participated in multiple services showed an additional decline in substance use between the first and second post-tests.

These data indicate the observed differences over time between treatment and comparison groups are quite reliable and indicate high levels of program impact.

Costs and Special Considerations

Please inquire of the contact listed below.

Contact Information

For more information on this program, visit web site:

http://modelprograms.samhsa.gov

For training, technical assistance, and materials contact:
Ellen Morehouse, ACSW, CASAC
Student Assistance Services
660 White Plains Rd
Tarrytown, NY 10591

E-mail: sascorp@aol.com

Phone: 914.332.1300

Fax: 914.366.8826

BEST PRACTICE: Responsible Beverage Service

Description of Best Practice

(Excerpts taken from *Preventing Problems Related to Alcohol Availability: Environmental Approaches: Practitioners' Guide,* Center for Substance Abuse Prevention, pp. 11-13.)

The behavior of people who serve alcohol and the policies of drinking establishments can influence the behavior of the patrons. For example, servers may encourage heavy drinking; allow heavy drinking to continue ignored, promoting intoxication; or foster problems associated with intoxication, such as disruptive behavior, fights and resulting injuries, or driving while intoxicated (DWI). Training servers and management to watch for and recognize the warning signs of intoxication can help reduce the risk that patrons will become intoxicated and harm themselves or others. It may be necessary to modify management policies to discourage an atmosphere of "anything goes."

Activities include:
- Conducting responsible server training programs

- Establishing a state law requiring responsible server training

- Enforcing a county law prohibiting alcohol service to intoxicated patrons

- Establishing a state Liquor Control Board with comprehensive prevention activities.

- Establishing a coalition of representatives from the hospitality industry and the prevention field to promote and ensure responsible beverage service.

Lessons Learned
- Server training programs differ in type, intensity, length, and focus. There is no evidence that certain server training program characteristics are associated with greater or lesser effectiveness.

- Server training programs are more likely to exist when stakeholders (people with a special interest in the problem) offer support, organization, and interest.

- States, counties, and other local jurisdictions are appropriate vehicles for establishing server training programs.

- Responsible beverage service programs are most likely to succeed when servers and managers know that the law will be enforced or realize that they assume significant liability if they serve intoxicated or underage individuals.

Recommendations for practice include:
- Enforce the law
- Target trouble spots
- Keep the legal burden on owners
- Provide incentives
- Intervene early
- Close license loopholes
- Avoid grandfather exceptions
- Help establish standards for beverage service activities
- Be sure alternatives to alcohol are offered

- Provide continuous server training

Risk Factors Addressed

Community laws and norms
Availability of drugs

Protective Factors Addressed

Healthy beliefs and clear standards

CSAP Strategy

Environmental

Type of Strategy

Universal

Populations Appropriate for This Best Practice

None specifically identified

Evaluating This Best Practice

The following are suggested areas to assess when implementing this practice:

- Assess the number of illegal sales to intoxicated and underage individuals

- Assess the change in responsible service practices and management practices

Research Conclusions

(Excerpts taken from *Preventing Problems Related to Alcohol Availability: Environmental Approaches: Practitioners' Guide,* Center for Substance Abuse Prevention, p. 12.)

The research and practice evidence reviewed indicates that it is possible to implement responsible beverage server interventions:

- There is strong evidence that server training and policy interventions are effective in curbing illegal sales to intoxicated and underage individuals when these interventions are combined with enforcement activities.

- There is medium evidence that server training and policy interventions are effective in improving some forms of server behavior, at least in the short term.

- There is medium evidence that server training can lead to more responsible service practices and management policies.

Costs and Special Considerations

Not available

Contact Information

For more information on how to implement this best practice order a free copy of CSAP's *Preventing Problems Related to Alcohol Availability: Environmental Approaches,* 1999, from SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) 800.729.6686, or web site: *http://ncadi.samhsa.gov*, order no. "PHD 822, 823 and 825."

BEST PRACTICE: Restriction of Advertising and Promotion of Tobacco

Description of Best Practice

(Excerpt from: *Reducing Tobacco Use Among Youth: Community-Based Approaches: A Guideline for Prevention Practitioners,* Center for Substance Abuse Prevention, 1997, Prevention Enhancement Protocols Systems Series 1, pp. 22-23.)

The primary goal of this prevention approach is to decrease child and adolescent exposure to tobacco promotion and pro-tobacco influences.

Research demonstrates that tobacco company sales promotions are reaching adolescents and that this exposure may put them at greater risk for smoking. Therefore, the reduction of youth exposure to particular types of marketing or to the quantity of marketing should reduce adolescent smoking.

Activities
- Provide media advocacy and the threat of adverse publicity through protesting events sponsored by the tobacco industry
- Assist event promoters by providing alternative, non-tobacco funding
- Develop policies that ban tobacco industry sponsorship of sporting and cultural events
- Promote tobacco-free events
- Develop tobacco-free messages and embed them in sports education
- Advertise tobacco-free events
- Include tobacco-free messages in the event's promotional materials

Risk Factors Addressed

Community laws and norms favorable toward drug use

Protective Factors Addressed

Healthy beliefs and clear standards

CSAP Strategy

Environmental

Type of Strategy

Universal

Populations Appropriate for This Best Practice

No specific populations

Evaluating This Best Practice

The following are suggested areas to assess when implementing this practice:

- Assess establishment of policies restricting or prohibiting tobacco use
- Assess rates of adolescent smoking

Research Conclusions

(Excerpt from: *Reducing Tobacco Use Among Youth: Community-Based Approaches: A Guideline for Prevention Practitioners,* Center for Substance Abuse Prevention, 1997, Prevention Enhancement Protocols Systems Series 1, pp. 22-23.)

The practice evidence reviewed indicates that it is possible to implement efforts designed to eliminate tobacco sponsorship of events, to block tobacco product promotion, and to provide non-tobacco industry sponsorship of events:

- There is strong evidence that it is possible to establish policies that ban tobacco industry sponsorship of social and cultural events and influence product promotion practices.
- There is medium evidence that policies banning tobacco industry promotion of activities such as music festivals and sporting events will reduce adolescent use of tobacco.

Lessons Learned From Reviewed Evidence
The need for alternative funding is an essential component for interventions that are designed to prohibit existing and ongoing tobacco industry sponsorship of a currently active event. In particular, practitioners and community groups can develop lists of potential alternative sponsorship. For example, local businesses that are not currently involved in sponsoring the event can be approached.

Through the establishment of working relationships with local potential sponsors, businesses can view sponsorship of events as part of their civic responsibilities and as part of a community partnership process. In addition, existing non-tobacco event sponsors may be willing to increase their level of sponsorship if there is no tobacco industry sponsorship. They may have recommendations for other potential sponsors, perhaps some of their industrial partners.

Costs and Special Considerations

None identified

Contact Information

For more information on this best practice, order a free copy of the following publications from SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI)

Toll free: 800.729.6686

Reducing Tobacco Use Among Youth: Community-Based Approaches, Center for Substance Abuse Prevention, 1997, Prevention Enhancement Protocols Systems Series 1, publication order no. "PHD 744" (for 12-page community guide) "PHD 745" (for prevention practitioner's guide) and "PHD 746" (full document).

For more information on related topics (example: *Save Lives: Recommendations to Reduce Underage Access to Alcohol),* in the Resources section of the web site.

Join Together
441 Stuart Street, 6th Floor
Boston, MA 02116

Phone: 617.437.1500

Fax: 617.437.9394

Web site: *www.jointogether.org*

BEST PRACTICE: Retailer-Directed Interventions

(Tobacco Specific)

Description of Best Practice

(Excerpt from *Reducing Tobacco Use Among Youth: Community-Based Approaches: A Guideline for Prevention Practitioners,* Center for Substance Abuse Prevention, 1997, Prevention Enhancement Protocols System Series 1, pp. 12-15.)

The primary goal of tobacco retailer-directed interventions is to reduce tobacco sales to minors and tobacco purchases by minors. Within this approach, research and practice is divided into three clusters: merchant and community education about adolescent tobacco use and laws prohibiting tobacco sales to minors, enactment of laws prohibiting tobacco sales to minors and enforcement of laws prohibiting tobacco sales to minors combined with merchant and community education about adolescent tobacco use and the laws prohibiting tobacco sales to minors.

Activities include:
Merchant and Community Education

- Educate clerks and merchants about adolescent tobacco problems, existing laws prohibiting tobacco sales to minors, and their responsibility for complying with these laws.

- Educate the public, community groups, and mass media about adolescent tobacco problems and existing laws prohibiting tobacco sales to minors.

- Enlist community support for and involvement in educational interventions.

- Monitor and publicize the results of attempts made by adolescents to purchase tobacco.

- Provide warning signs in retail stores about laws prohibiting tobacco sales to minors.

Enactment of Laws to Prohibit Tobacco Sales to Minors

- Enact local ordinances restricting the sale of tobacco to minors.

- Place cigarette vending machines in locations inaccessible to minors.

- Require locking devices on cigarette vending machines that merchants must unlock for a purchase to occur.

- Require merchant licenses for vending machines.

- Require merchant licenses for over-the-counter sales of tobacco products.

- Require merchants to ask for proof of age when a customer appears to be underage.

- Require that merchants post warning signs about laws restricting tobacco sales to minors.

- Enact civil penalties (for example, suspension or revocation of licenses) for violating laws restricting tobacco sales to minors.

Enforcement of Laws and Community Education

- Seek and secure community partnership, support, and sponsorship of prevention activities.

- Establish the rate of tobacco sales to minors by monitoring purchase attempts.

- Visit merchants to educate them about the laws prohibiting sales to minors and the consequences of noncompliance.

- Have youth and law enforcement personnel work together to deliver merchant education materials (for example, tips on how to refuse sales to minors, warning signs, fact sheets).

- Monitor and publicize the results of adolescents' attempts to purchase tobacco products.

- Provide positive reinforcement (for example, financial rewards, product incentives, media recognition) to merchants who refuse to sell tobacco to adolescents.

- Hold press conferences and similar events to publicize activities.

Risk Factors Addressed

Availability of drugs
Community laws and norms

Protective Factors Addressed

Healthy beliefs and clear standards

CSAP Strategy

Environmental

Type of Strategy

Universal

Populations Appropriate for This Best Practice

Studies not done with specific populations

Evaluating This Best Practice

The following are suggested areas to assess when implementing this practice:

- Determine the number and type of policies that were changed related to tobacco sales and minors

- Determine whether the number of tobacco sales to minors decreased

Research Conclusions

Of the studies reviewed and summarized in *Reducing Tobacco Use Among Youth: Community-Based Approaches: A Guideline for Prevention Practitioners* (see below) there is medium evidence that combined merchant and community education results in a short-term decrease in over-the-counter tobacco sales to minors.

Costs and Special Considerations

None identified

Contact Information

For more information on this best practice, order a free copy of the following publications from SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) at:

Toll free: 800. 729.6686

Reducing Tobacco Use Among Youth: Community-Based Approaches, Center for Substance Abuse Prevention, 1997, Prevention Enhancement Protocols Systems Series 1, publication order no. "PHD 744" (for 12-page community guide) "PHD 745" (for prevention practitioner's guide) and "PHD 746" (full document).

BEST PRACTICE: Seattle Social Development Project

(Hawkins et al)

Description of Best Practice

(Excerpt from *Preventing Drug Use Among Children and Adolescents,* National Institute on Drug Abuse, 1997, page 23.)

A universal program, the Seattle project is a school-based intervention for grades one through six that seeks to reduce shared childhood risks for delinquency and drug abuse by enhancing protective factors. The multi-component intervention trains elementary school teachers to use active classroom management, interactive teaching strategies, and cooperative learning in their classrooms.

At the same time, as children progress from grades one through six, their parents are provided a training session called "How to Help Your Child Succeed in School," a family management skills training curriculum called "Catch 'Em Being Good," and the "Preparing for the Drug-Free Years" curriculum. The interventions are designed to enhance opportunities, skills, and rewards for children's pro-social involvement in both school and family settings, thereby increasing their bonds to school and family, and commitment to the norm of not using drugs.

Risk Factors Addressed

Family management problems
Early antisocial behavior
Academic failure
Low commitment to school
Friends involved in problem behaviors

Protective Factors Addressed

Opportunities, skills, and recognition
Bonding: Family and school
Healthy beliefs/Clear standards

CSAP Strategy

Information dissemination
Education

Type of Strategy

Universal

Populations Appropriate for This Best Practice

Grades 1-6

Evaluating This Best Practice

The following are suggested areas to assess when implementing this practice:

- Assess decreases in aggressive behavior.
- Assess improved academic skills.
- Assess greater commitment to school.
- Assess less misbehavior in school.

Research Conclusions

(Excerpt from *Preventing Drug Use Among Children and Adolescents,* National Institute on Drug Abuse, 1997, page 23.)

Long-term results indicate positive outcomes for students who participated in the program: reductions in antisocial behavior, improved academic skills, greater commitment to school, reduced levels of alienation and better bonding to pro-social others, less misbehavior in school, and fewer incidents of drug use in school.

Contact Information

The Seattle Social Development Project is currently being converted into a comprehensive school reform program entitled SOAR (Skills, Opportunities, and Recognition).
For general information, contact:

Sarah Clay
Channing Bete Company
One Community Place
South Deerfield, MA 01373-0200

E-mail: clay@channing-bete.com

Phone: 800.828.2827

Fax: 413.665.711

Web site: *www.channing-bete.com*

For technical assistance, contact:
Kevin Haggerty
Phone: 206.543.3188

or

Richard Catalano
Phone: 206.543.6382

E-mail: sdrg@u.washington.edu

Social Development Research Group
University of Washington
9725 3rd Avenue NE, Suite 401
Seattle, WA 98115-2024

BEST PRACTICE: SMART Leaders

Description of Best Practice

(Excerpt taken from *http://modelprograms.samhsa.gov*)

This model program is a 2-year booster program for youth who have completed "Stay SMART," a component of Boys & Girls Clubs of America's SMART Moves program. It reinforces the substance abuse prevention skills and knowledge of the first program, with sessions on self-concept, coping with stress, and resisting media pressures.

SMART Leaders is a curriculum-based program that uses role-playing, group activities, and discussion to promote social and decision-making skills in racially diverse 14- to 17-year-olds. As participants advance in the program, they are involved in educational discussions on alcohol, tobacco, and other drugs and have the opportunity to recruit other youth for the program and assist with sessions offered to younger boys and girls. Evaluation results show the effectiveness of this multiyear approach in promoting refusal skills and creating drug-free peer leaders.

The SMART Leaders program, with other SMART Moves components, can be implemented in community-based youth organizations, recreation centers, and schools, in collaboration with all local Boys & Girls Club. All the demonstration projects were implemented in Boys & Girls Clubs, a number of which are in or adjacent to public housing projects.

The SMART Leaders activity component consists of three parts:

1. An educational curriculum focusing on self-esteem, coping with stress, and resisting pressures to use drugs and to engage in sexual activity

2. Peer leadership activities

3. Monthly youth activities

Successful replication of the SMART Leaders model involves:

• Structured experiential and discussion sessions for youth

• Youth activities/outings

Please Note: This program is intended for implementation within existing Boys & Girls Clubs.

Risk Factors Addressed

Friends who use
Favorable attitudes toward drug use

Protective Factors Addressed

Skills: Problem-solving and social/interpersonal skills
Bonding: With positive adult role model and positive peers

CSAP Strategy

Information dissemination
Education

Type of Strategy

Universal

Populations Appropriate for This Best Practice

• 14-17 years old
• African American
• Hispanic
• Caucasian

Evaluating This Best Practice

The following are suggested areas to assess when implementing this practice:

• Assess decrease in alcohol, tobacco, and marijuana use
• Assess increase in peer resistance skills
• Assess perceived social benefits from using ATOD
• Assess deviant peer bonding

Research Conclusions

(Excerpt from *Understanding Substance Abuse Prevention – Toward the 21st Century: A Primer on Effective Programs,* Center for Substance Abuse Prevention, unpublished document.)

Results from the self-report questionnaire showed overall effectiveness of the Stay SMART prevention program, and more particularly, the effectiveness of the SMART Leaders booster program, in maintaining and furthering initial gains made in the initial Stay SMART program. More specifically:

• Overall drug use, marijuana-related behavior, cigarette-related behavior, alcohol-related behavior, and ATOD drug use knowledge was significantly less in the SMART + Boosters group and Stay SMART only group compared to the control group.

• Furthermore, the Stay SMART + Boosters group versus the control group perceived significantly fewer social benefits from smoking marijuana and drinking alcoholic beverages.

Contact Information

For more information on this program, visit web site:

http://modelprograms.samhsa.gov

For training, technical assistance, materials, and/or more information, call toll free 877.773.8546.

Boys & Girls Clubs of America
1230 West Peachtree Street Northwest
Atlanta, GA 30309-3447
E-mail: mcpuig@bgca.org
Phone: 404.487.5766
Fax: 404.487.5789
Web site: *http://www.bgca.org*

BEST PRACTICE: Social Competence Promotion Program for Young Adolescents

(formerly Weissberg's Social Competence Promotion Program)

Description of Best Practice

(Excerpt taken from materials provided by SCPP-YA, Dept. of Psychology, Chicago, IL)

The Social Competence Promotion Program for Young Adolescents (SCPP-YA) is a middle school prevention program that teaches students cognitive, behavioral, and affective skills and encourages them to apply these skills in dealing with daily challenges, problems, and decisions.

The 45-session SCPP-YA has 3 modules. The first module includes 27 lessons of intensive instruction in social problem-solving (SPS) skills. These foundational lessons are followed by two 9-session programs that teach students to apply SPS skills to the prevention of substance abuse and high-risk sexual behavior. To foster the application and generalization of SPS concepts and skills to daily life, teachers are trained to model problem-solving to students in situations other than formal classroom lessons, and to guide and encourage students to try out problem-solving strategies in school, at home, and in the community.

Risk Factors Addressed

None specifically identified

Protective Factors Addressed

Skills: Problem solving/coping

CSAP Strategy

Education

Type of Strategy

Universal

Populations Appropriate For This Practice

African American
Caucasian
Grades 2-4 and Grades 6-9

Evaluating This Practice

The following are suggestions of areas you may want to assess if you implement this promising practice:

- Assess the problem-solving and coping skills of participants.
- Assess the level of alcohol, tobacco, and other drug use of participants.

Research Conclusions

(Excerpt taken from materials provided by SCPP-YA, Dept. of Psychology, Chicago, IL)

Post-test only research evaluations indicate positive program effects on students' problem-solving and stress-management skills, pro-social attitudes about conflict, social behavior, and alcohol use.

Costs and Special Considerations

Please inquire of the contact below.

Contact Information

For information, training and materials:
Roger Weissberg
Department of Psychology (M/C 285)
University of Illinois-Chicago
1007 West Harrison Street
Chicago, IL 60607-7137

E-mail: rpw@uic.edu
Phone: 312.413.1012
Fax: 312.355.0559

BEST PRACTICE: Stop Teenage Addiction to Tobacco

Description of Best Practice

(Excerpt from *http://www.samhsa.gov/csapmodelprograms*)

The S.T.A.T. initiative is an environmental campaign to enforce laws against tobacco use by minors and to stimulate communities to implement other strategies such as banning vending machines or installing lockout devices on vending machines to curtail youth access to tobacco. Where traditional youth smoking prevention initiatives have focused on reducing the demand or desire for tobacco among youth, the S.T.A.T. effort focuses on cutting off the supply of tobacco to minors. The town of Woodridge, Illinois, was the first in the nation to put a tough enforcement program in place. The aim of the program was to convince merchants to obey the law by refusing to sell tobacco to minors. As a result of this enforcement program, Woodridge's rate of tobacco use among teenagers was reduced by half.

S.T.A.T. focuses on cutting off the supply of tobacco to minors by enforcing laws that prohibit the sale of tobacco to this underage group. A key strategy to improving enforcement is conducting compliance tests. The following strategy for compliance testing was undertaken by six communities in Massachusetts.

- Underage youth enter a place of business to purchase tobacco while an adult supervisor waits outside. Youth involved in compliance testing are instructed to be honest when asked their age and not to carry proof of identification.

- Youth involved in compliance testing must have parental consent and must sign a statement outlining their responsibilities. In addition, they receive 1 to 2 hours of group training to prepare for the compliance tests.

- The adult supervisor waits in the car while the youth enters the store. When the youth returns, he or she reports what transpired. Any purchased tobacco is immediately labeled with the date of sale; name of the adult supervisor; and the name, address, and permit number of the vendor.

- Violation notices are written for violators. These notices are delivered either by mail or in person at the end of the day, but never at the time of the inspection. To do so might launch a merchant phone tree action, reducing the number of effective compliance inspections possible that day.

- In cases of vending machines without locking devices, youth are instructed to approach the vending machine and attempt to make a purchase. If the vending machine is locked, the youth are instructed to ask an employee to unlock the machine.

- Over-the-counter vendors included in the compliance testing in Massachusetts were convenience stores, pharmacies, liquor stores, and gasoline stations. All of the vending machines were located in restaurants.

- It is important to re-inspect violators frequently to determine whether the penalty has had the desired effect of eliminating a source of illegal sales.

Risk Factors Addressed

Community laws and norms favorable toward alcohol use
Availability of tobacco

Protective Factors Addressed

Healthy beliefs and clear standards

CSAP Strategy

Environmental

Type of Strategy

Universal

Populations Appropriate for This Best Practice

- Youth
- Law enforcement, vendors, and other community groups

Evaluating This Best Practice

The following suggestion is an area you may want to assess if you implement this best practice:

- Assess merchant compliance and vendor compliance rate with tobacco purchase laws.

Research Conclusions

(Excerpt from *http://modelprograms.samhsa.gov*)

There has been a measurable improvement in merchant compliance in Massachusetts over the past years. Each of the communities in the Massachusetts study reached 90 percent (or above) vendor compliance rate, showing that enforcement programs were effective. Three months after a local law requiring lockout devices on all machines went into effect, a minor was able to purchase tobacco from 19 percent of vending machines equipped with locks in comparison to 65 percent of machines without locks.

Costs and Special Considerations

Not available

Contact Information

For more information on this program, visit web site:
http://modelprograms.samhsa.gov

No technical assistance, training, or manuals are available for this strategy.

For questions related to STAT, contact:
Judy Sopenski, SQUADS Consultant and Trainer
Community Intervention
529 South 7th Street, Suite 570
Minneapolis, MN 55415
E-mail: jsopenski@hotmail.com
Phone: 800.328.0417

BEST PRACTICE: Strengthening Families Program

Description of Best Practice

(Excerpts from CSAP's Model Programs web site,
 http://modelprograms.samhsa.gov)

The Strengthening Families Program (SFP) involves elementary school aged children (6 to 12 years old) and their families in family skills training sessions. SFP uses family systems and cognitive-behavioral approaches to increase resilience and reduce risk factors for behavioral, emotional, academic, and social problems. It builds on protective factors by:

• Improving family relationships
• Improving parenting skills
• Increasing the youth's social and life skills

The SFP curriculum is a 14-session behavioral skills training program of 2 hours each. Parents meet separately with two group leaders for an hour to learn to increase desired behaviors in children by increasing attention and rewards for positive behaviors. They also learn about clear communication, effective discipline, substance use, problem solving, and limit setting.

Children meet separately with two children's trainers for an hour, to learn how to understand feelings, control their anger, resist peer pressure, comply with parental rules, solve problems, and communicate effectively. Children also develop their social skills and learn about the consequences of substance abuse.

During the second hour of the session, families engage in structured family activities, practice therapeutic child play, conduct family meetings, learn communication skills, practice effective discipline, reinforce positive behaviors in each other, and plan family activities together.

Booster sessions and on-going family support groups for SFP graduates increase generalization and the use of skills learned.

SFP offers incentives for attendance, good behavior in children, and homework completion to increase program recruitment and participation.

Risk Factors Addressed

Family management problems
Early antisocial behavior
Parental attitudes and involvement
Family history

Protective Factors Addressed

Bonding: Family

CSAP Strategy

Information dissemination
Education
Problem identification and referral

Type of Strategy

Universal
Selective
Indicated

Populations Appropriate for This Best Practice

• Six- to eleven-year-old children
• Children of substance abusers
• Children with conduct problems
• African American
• Caucasian
• Asian/Pacific Islander
• Hispanic/Latino

Evaluating This Best Practice

The following are suggested areas to assess when implementing this practice:

• Assess improved behavioral outcomes (e.g. aggressiveness and conduct disorders) among participating children.
• Assess reductions in family conflict.
• Assess improved family communication and organization.

Research Conclusions

(Excerpt from materials provided by Dr. Karol Kumpfer in December 2001.)

The Strengthening Families Program (SFP) reduces risk factors and strengthens resilience to substance abuse in participating elementary school-aged children. Immediate results by the ending of the 14-week family skills training program include the following statistically significant outcomes:

Immediate Outcome Results:
• Increased parenting skills in 98% of parents attending
• Improved parent/child relationships in 93% of families
• 92% of attending families holding family meetings at least monthly
• 84% of attending families holding family meetings at least weekly
• Reduced family conflict in 75% of families
• Decrease excessive physical punishment in 82% of families
• Increased social and life skills in 98% of the children
• Increased pro-social behavior in 98% of children
• Parent involvement with the schools increased significantly one year after participation in school-based SFP
• Improved academic performance and grades in 55% of children
• Improved school bonding and attachment in 65% of children
• Decreased emotional problems and child depression in 86% of children
• Decrease behavior problems, conduct disorders and aggressive behavior in 65% of children

- Decreased parent tobacco, alcohol, and drug use in 84% of parents attending
- Decreased children's tobacco, alcohol, and drug use in 77% of children using

Long-term Five-Year Follow-up Results
- Improved clear directions to children in 99% of parents
- Increased quality time with children in 97% of parents
- Increased verbal rewards and praise of children's appropriate behaviors in 97% of parents
- Appropriate consequences and punishment in 95% of parents
- Increased enjoyment of the child in 94% of parents
- Improved problem solving with child by 84% of parents
- Increased parent/child relationships in 75% of families
- 82% of parents were still conducting Child's Game or having a scheduled play time with child
- Improved family problem solving reported in 78% of families
- Reduced family stress and family conflict reported in 75% of families
- 68% of families holding family meetings monthly
- Increased effective family communication reported in 67% of families
- 65% of families reporting improved positive family feelings
- 62% of families reporting improvements in having fun together as a family
- 37% of families still holding family meetings weekly

Costs as of December 2001 (Subject to Change)

Training Time and Cost:
- A two-day training is $2,700 plus travel expenses.
- A three-day training (recommended for groups over 25

and evaluated grants) is $3,700 plus travel expenses.

For additional cost information, please visit:
http://www.strengtheningfamiliesprogram.org/

or inquire of the contact listed below.

Special Considerations

Please inquire of the contact listed below.

Contact Information

For more information on this program, visit
http://modelprograms.samhsa.gov and
http://www.strengtheningfamiliesprogram.org/

For SFP training information, contact:
Dr. Henry Whiteside
Lutra Group
E-mail: hwhiteside@lutragroup.com
Phone: 801.583.4601

For additional information, contact:
Dr. Karol Kumpfer
University of Utah
Department of Health Promotion and Education
250 East 1850 East Room 215
Salt Lake City, UT 84112
E-mail: karol.kumpfer@health.utah.edu
Phone: 801.581.7718
Fax: 801.581.5872

BEST PRACTICE: Strengthening Families Programs: For Parents and Youth 10-14

(Iowa Strengthening Families Program)

Description of Best Practice

(Excerpt from Strengthening America's Families' web site, *http://www.strengtheningfamilies.org/index.html*)

The Strengthening Families Program: For Parents and Youth 10-14 (SFP 10-14) resulted from an adaptation of the Strengthening Families Program (SFP) developed at the University of Utah. Formerly called the Iowa Strengthening Families Program, the long range goal of the curriculum is reduced substance use and behavior problems during adolescence. Intermediate objectives include improved skills in nurturing and child management by parents, improved interpersonal and personal competencies among youth, and pro-social skills in youth. Parents of all educational levels are targeted and printed materials for parents are written at an 8th grade reading level. All parent sessions, two youth, and two family sessions use videotapes portraying pro-social behaviors and are appropriate for multi-ethnic families.

The SFP 10-14 has seven two-hour sessions for parents and youth, who attend separate skill-building groups for the first hour and spend the second hour together in supervised family activities. Four booster sessions are designed to be used six months to one year after the end of the first seven sessions in order to reinforce the skills gained in the original sessions. Youth sessions focus on strengthening goal setting, dealing with stress and strong emotions, communication skills, increasing responsible behavior, and improving skills to deal with peer pressure. Booster sessions focus on making good friends, handling conflict and reinforcing skills learned in the first seven sessions. Parents discuss the importance of both showing love to their youth while, at the same time, setting appropriate limits. Topics include making house rules, encouraging good behavior, using consequences, building bridges, and protecting against substance abuse. Booster sessions focus on handling parents' own stress, communicating when partners don't agree and reinforcing earlier skills.

The videos portray white, African American, and Hispanic families. A nonvideo version of the program is available for non-English speaking families and for ethnic groups that may not relate to the actors in the video vignettes. This version includes text for on-site role plays in Spanish.

Risk Factors Addressed

Family conflict
Family management problems

Protective Factors Addressed

Healthy beliefs and clear standards
Bonding
Skill building

CSAP Strategy

Education

Type of Strategy

Universal

Populations Appropriate for This Best Practice

- Rural
- Children ages 10-14 and their families
- Low income families

Evaluating This Best Practice

This best practice comes with an evaluation tool that can be used when implementing this strategy. There is no cost for the evaluation tool as it is included in the teaching manual.

The following are suggested areas to assess when implementing this practice:

- Assess increase in family management skills
- Assess decrease in family conflict
- Assess increase in family cohesion

Research Conclusions

(Excerpt from Strengthening America's Families' web site, *http://www.strengtheningfamilies.org/index.html*)

The study (using the original Iowa Strengthening Families Program) is now in its fifth year and includes 442 families in areas with a high percentage of economically disadvantaged families.

Analysis of the data comparing pre- and post-test and follow-up assessments indicated that both the youth and parents made significant gains in targeted behavior. For example, child problem behavior outcomes (e.g. substance use, conduct problems, school-related problem behaviors, peer resistance, and affiliation with antisocial peers) have shown positive program effects over time. These positive changes are indicated by both delayed onset of problem behaviors and relatively more gradual increases in these behaviors over the three years following implementation of the program.

At the post-test and follow-up evaluations, there are significant positive differences between parents who attended the intervention and the control group in behaviors specifically targeted by the intervention, as well as the more general parenting outcomes of parent-child affective quality and general child management. Two other longitudinal studies are underway.

Costs as of December 2001 (Subject to Change)

Training Time: 16 hours

Training Costs:
See also *Special Considerations.* Approximately $4,000 to $4,500 for a two-day training, or $5,000 to $5,500 for a three-day training:

- $2,500 plus $1,500 travel, food and lodging for two trainers: The two-day training is appropriate for facilitators

working with African American, English-speaking Hispanic and white families.

- $3,500 plus $1,500 travel, food and lodging for two trainers: Three-day trainings, conducted by lead trainers, are available for groups needing to make adaptations for different ethnic groups including non-English speaking parents.

These trainings are required for:

1) Sites conducting scientific evaluation of the curriculum

2) Sites in which modifications to the curriculum are required to make the program sensitive to ethnically-diverse populations such as non-English speaking parents

3) Sites including train-the-trainer sessions

Strategy Implementation:
- $4,000 for 2-day training

- $775 for teaching manuals and videos

- $500 for family supplies (for 30 families)

- $3600 for staff ($30/teaching hour for 3 staff for 3 program series - 10 families/group)

- Variable food and transportation costs (varies if donated or purchased, etc.)

Special Considerations

Please consider the following before selecting this strategy for your community:

- The reading level for parent participants is 8th grade.

- A non-video version for parent sessions is available to use with non-English speaking parents, in conjunction with the basic teaching manual.

Training

- In order for a group to be certified to teach the program, groups of at least three facilitators per program site must receive training. There are no specific degree requirements and community members who have had non-professional experience leading groups of youth and/or families often make excellent facilitators.

- Sponsoring groups often open the training to other local agencies or groups, charging a registration fee of about $300 per person. These fees help offset the cost of training.

- Alternatives to hosting an on-site training are available but often bring the cost close to the expense of hosting a training on-site.

Contact Information

For more information on training, materials and the evaluation of this program, visit the following web site:

http://www.extension.iastate.edu/sfp

Additional contact:
Virginia Molgaard, Ph.D.
Institute for Social and Behavioral Research
Iowa State University Center for Rural Health
2625 North Loop Drive, Suite 500
Ames, IA 50010
E-mail: vmolgaar@iastate.edu
Phone: 515.294.8762
Fax: 515.294.3613

BEST PRACTICE: Strengthening Hawai'i Families

Description of Best Practice

(Description provided by Strengthening Hawai'i Families staff in January 2002.)

Strengthening Hawai'i Families (SHF), developed by the Coalition for a Drug-Free Hawaii, is a primary prevention program that applies values clarification in a multicultural environment. SHF is designed to prevent and reduce substance use by reducing risk factors associated with substance abuse and improving protective factors associated with resilient families.

A team of four facilitators work with a group of 6-10 families on the importance of clarifying and practicing family values, strengthening 'ohana (family) relationships and communication skills, and making healthy lifestyle choices. SHF brings family members together to help families discover for themselves what works best for them. Common throughout SHF activities is a process where families have the opportunity to share their culture, experience other cultures, and honor the rich diversity of cultures in Hawaii.

The SHF program is presented in 14 consecutive weekly sessions, each lasting two and a half hours. The SHF program includes three training components: a parent training program, a children's skills training program, and a family skills training program. Each session begins with the parents and children together for energizer activities, multicultural stories, goals and objectives, meals, and family skills training. Then the parents and children meet separately in their respective training groups for additional activities and skills training. The session ends with the parents and children group reconvening to share what they learned, practice skills, and bond with other families.

Trained facilitators work with families to cover the following topics:

- exploring and practicing family values
- cultural and generational continuity
- creating a family vision
- goal setting
- personal and family resilience
- connecting with one another
- communication
- making choices
- problem-solving
- limit setting
- anger management
- wellness including substance abuse prevention
- healthy lifestyle choices
- 'ohana (family) time

Risk Factors Addressed

Family conflict
Family management problems

Protective Factors Addressed

Healthy beliefs and clear standards
Bonding
Skill building

CSAP Strategy

Education

Type of Strategy

Selective

Populations Appropriate for This Best Practice

- Rural communities
- Children ages 8-11 and their families
- Elementary school
- Public housing
- Asian/Pacific Islanders

Evaluating This Best Practice

This best practice does not come with an evaluation tool that can be used when implementing this strategy at this time. The following are suggested areas to assess when implementing this practice:

- Assess increase in family management skills
- Assess decrease in family conflict
- Assess increase in family cohesion
- Assess improvements in communication skills

Research Conclusions

(Excerpt from Strengthening America's Families' web site, *http://www.strengtheningfamilies.org/index.html*)

SHF has been shown to have a positive impact on the families that participated. The University of Hawaii Social Welfare Evaluation and Research Unit (SWERU) found significant improvement in family cohesion, family organization, and family   communication; and a significant decrease in family conflict as well as decrease in parental depression. These findings relate to the goal to decrease risk factors and to increase resiliency/protective factors in youth and their families.

Follow-up research done by SMS, Inc, to determine the long-term impacts of participation found that past participants reported:

- Better relationships among family members
- A clearer understanding of parental roles
- More awareness of children's needs
- Improved behaviors for children
- General improvement in communication skills for all family members

Participants also remarked on the amount of bonding and fellowship that accompanied each SHF session.

Costs as of December 2001 (Subject to Change)

Training Time: 13 hours

Training Costs:
$349 per person – includes two day training of facilitators workshop, comprehensive training manual, facilitator's guide, all training materials, SHF facilitator certification for one year, and three hours of technical assistance to each team of SHF facilitators completing training. Travel, lodging, food, and facilities not included.

Strategy Implementation:
Please call Coalition for a Drug-Free Hawaii for cost.

Special Considerations

Please consider the following before selecting this strategy for your community:

• Review and apply cultural adaptation considerations.

Contact Information

For training or additional program information, contact:

Cheryl Kameoka
Coalition for a Drug-Free Hawaii
1130 North Nimitz Highway, Suite A259
Honolulu, HI 96817
E-mail: cdfh@pixi.com
Phone: 808.545.3228 x 28
Fax: 808.545.2686
Web site: *http://www.drugfreehawaii.org*

BEST PRACTICE: Syracuse Family Development Research Program

Description of Best Practice

(Excerpt reprinted with permission from the Center for the Study and Prevention of Violence, Institute of Behavioral Science, Regents of the University of Colorado, *http://www.Colorado.EDU/cspv/blueprints/promise/FDRP.htm*)

The Syracuse Family Development Research Program, developed by Dr. J.R. Lally, bolsters child and family functioning and affective, interpersonal relationships through home visitations, parent training and individualized daycare. The intervention targets economically disadvantaged families beginning prior to the birth of the baby and lasting through the preschool years, in order to improve children's cognitive and emotional functioning, foster children's positive outlooks, and decrease juvenile delinquency.

The success of this program is due to its focus on both parents and children. Mothers receive individualized training and support from paraprofessional child development trainers who make weekly home visitations. These trainers help mothers create developmentally appropriate and interactive games for their children, act as liaisons between participants and other support services, foster mothers' involvement in children's educational attainment, and model appropriate interactions with children.

Risk Factors Addressed

Antisocial behavior
Academic failure (for girls)
Low commitment to school

Protective Factors Addressed

Skills
Bonding: Family

CSAP Strategy

Education

Type of Strategy

Selective

Populations Appropriate For This Practice

- Single, young mothers in last trimester of pregnancy
- African Americans
- Low income

Evaluating This Practice

This practice comes with tools for parents, children, caregivers, and home visitors that can be used when implementing this strategy. Please contact the program for cost information on the evaluation tool.

The following are suggestions of areas you may want to assess if you implement this practice:

- Assess antisocial behavior, especially juvenile delinquency records
- Assess grades and school attendance
- Assess higher educational goals
- Assess family unity

Research Conclusions

(Excerpt reprinted with permission from the Center for the Study and Prevention of Violence, Institute of Behavioral Science, Regents of the University of Colorado, *http://www.Colorado.EDU/cspv/blueprints/promise/FDRP.htm*)

The most dramatic effects of the program were found during a ten-year follow-up evaluation, which demonstrated reduced juvenile delinquency and improved school functioning (for girls) including the following results:

- Only 6% of FDRP children, compared to 22% of the control group, had official juvenile delinquent records.

- Delinquents from the control group had more serious and chronic offenses, including charges for burglary, robbery, physical assault, and sexual assault.

- FDRP girls showed better grades and school attendance in grades 7-8 than controls.

- Teachers rated program girls as functioning better in self-esteem, feelings towards others, controlling aggression, and overall school achievement.

- Program children rated themselves more positively, had higher educational goals, and believed they could handle problems better than control children.

- FDRP parents were more proud of their children's prosocial attitudes, more actively encouraged their children's success, and rated their family as having more unity than the control group.

Costs as of December 2001 (Subject to Change)

Training Time:
40 hours during 5 days annually every June

Training Costs:
Call Syracuse University Continuing Education at 315. 443.9378 for costs for credit or audit.

Strategy Implementation:
Cost is estimated at $7000 per child if the entire program with home visitors, quality childcare, and research outcome measurements is included.

Special Considerations

None identified by program developer

Contact Information

For training, technical assistance, and materials contact:

Dr. Alice S. Honig
Syracuse Family Development Research Program
    (FDRP)
201 Slocum Hall
Syracuse University
Syracuse, NY 13244

E-mail: ahonig@mailbox.syr.edu

Phone: 315.443.4296

Fax: 315.443.9402

BEST PRACTICE: Tobacco-Free Environment Policies

Description of Best Practice

(Excerpt from *Reducing Tobacco Use Among Youth: Community-Based Approaches: A Guideline for Prevention Practitioners,* Center for Substance Abuse Prevention, 1997, Prevention Enhancement Protocols Systems Series 1, pp. 21-22.)

The primary goal of tobacco-free environmental policies is to create environments that do not expose youth to the use and possession of tobacco.

Research demonstrates that tobacco use and exposure to secondhand tobacco smoke is a threat to health. Policies restricting the use of tobacco in schools and other environments should reduce adolescents' exposure to secondhand tobacco smoke and limit places where they can use tobacco and, thus, reduce the health risks associated with tobacco use and secondhand smoke.

Activities
- Review existing laws and compliance with laws restricting tobacco use in certain settings
- Review the effects of antismoking school policies on adolescent smoking
- Provide technical assistance and guidance on developing and implementing tobacco-free policies and environments
- Educate and inform concerned parties about laws restricting tobacco use in certain settings

Risk Factors Addressed

Community laws and norms favorable toward drug use

Protective Factors Addressed

Healthy beliefs and clear standards

CSAP Strategy

Environmental

Type of Strategy

Universal

Populations Appropriate for This Best Practice

No specific populations

Evaluating This Best Practice

The following are suggested areas to assess when implementing this practice:
- Assess establishment of policies restricting or prohibiting tobacco use
- Assess rates of adolescent smoking

Research Conclusions

(Excerpt from *Reducing Tobacco Use Among Youth: Community-Based Approaches: A Guideline for Prevention Practitioners,* Center for Substance Abuse Prevention, 1997, Prevention Enhancement Protocols Systems Series 1, pp. 21-22.)

The research and practice evidence reviewed indicates that it is possible to implement policies restricting tobacco use in schools and child day-care centers. There is medium evidence that it is possible to influence organizations to develop policies restricting the use, possession, and exposure to tobacco smoke by adolescents and adults. Because changes in policies regarding smoking are relatively recent, it is difficult to determine the ultimate effects of these changes on adolescent tobacco use.

Lessons Learned from Reviewed Evidence
- The establishment of smoking regulations can be accomplished through a variety of mechanisms, including state and local laws, and policies at businesses, schools, and child-care centers.
- Comprehensive policies can decrease prevalence rates, especially when their emphasis is on prevention and cessation.
- Harsh penalties for the possession of tobacco products by minors, such as suspension from school, may be ineffective interventions for enhancing the enforcement of antismoking regulations or for preventing or decreasing adolescent tobacco use.
- Instead, programs that provide prevention or cessation services, such as tobacco education courses, tobacco cessation programs, or diversion alternatives, may be most effective.

Costs and Special Considerations

Not available

Contact Information

For more information on this best practice, order a free copy of the following publications from SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) at:

　　Toll free: 800.729.6686

Reducing Tobacco Use Among Youth: Community-Based Approaches, Center for Substance Abuse Prevention, 1997, Prevention Enhancement Protocols Systems Series 1, publication order no. "PHD 744" (for 12-page community guide); "PHD 745" (for prevention practitioners guide); and "PHD 746" (full document).

BEST PRACTICE: Treatment Foster Care Program

(Chamberlain and Reid)

Description of Best Practice

Oregon Social Learning Center's (OSLC) Multidimensional Treatment Foster Care (MTFC) Program was developed in the early 1980s as an alternative to institutional, residential, and group care placements for youths with severe and chronic criminal behavior. Subsequently, the MTFC model has been adapted for and tested with children and adolescents from the state mental hospital and with youth in state-supported foster care. In addition, three randomized trials are currently underway to test the effectiveness of MTFC in treating chronically delinquent female youth, in treating and preventing emotional and behavioral problems in preschool children, and to test the effectiveness of applying an adaptation of MTFC in a large urban child welfare system. MTFC is also being used to treat developmentally delayed youth with sexual acting-out behaviors and multiple placement failures, and to treat youth who have been referred from managed care mental health systems who are in need of out-of-home care. Empirical examination of MTFC as applied to these two populations is currently being planned.

Program Objectives

There are two major aims of MTFC – to create opportunities with intensive support so that youths are able to successfully live in the community while simultaneously preparing their parents, relatives, or other aftercare resources to provide effective parenting skills that will increase the chance of a positive reintegration into the family setting and will encourage the maintenance of gains made in MTFC with the ultimate goal of long-term success in the community (i.e., reduction in delinquency, improvements in school functioning and prosocial involvement with peers, family and community). Four key elements of treatment are targeted during placement and aftercare:

1) providing youths with a consistent reinforcing environment where he or she is mentored and encouraged

2) providing daily structure with clear expectations and limits, as well as well-specified consequences delivered in a teaching-oriented manner

3) providing close supervision of youths' whereabouts

4) avoiding deviant peer associations while providing support and assistance in establishing pro-social peer contacts

Program Strategies

Placements in MTFC are typically 6-9 months and rely on intensive, well coordinated, multi-method interventions (e.g., family and individual therapy, skill training, academic support, case management) that are implemented across multiple settings (e.g., home, school, community). Involvement of each youth's family or aftercare resource is emphasized from the outset of treatment in an effort to maximize training and preparation for post-treatment care for youths and their families. Progress is tracked through daily phone calls with treatment foster parents where data is collected on behaviors across home, school and community settings in an effort to aid in the timing, design, and implementation of interventions.

Recruitment and Retention

Referrals are received from state juvenile courts, parole and probation officers, and caseworkers from the Department of Human Services.

Staffing

Case managers are trained in the social learning treatment model and developmental psychopathology, and are responsible for coordinating all aspects of the treatment program. They serve as consultants to the foster parents, provide support and supervision in the form of weekly meetings and daily telephone contact, and are available to the foster parents for support, consultation, and backup 24 hours a day. Foster parents are screened, selected, and trained in a twenty-hour pre-service training conducted by staff and an experienced MTFC foster parent. Foster parents are supervised and supported throughout treatment through daily telephone calls and weekly foster parent groups conducted by the case manager.

Special Characteristics

Involvement of the biological family or aftercare resource is emphasized throughout treatment. Families are taught parenting skills to be practiced during home visits and are provided with 24-hour backup and consultation by the family therapist and case manager. Respite care is provided by MTFC foster parents and is coordinated by the case manager.

Comments on Implementation/Replication

In an effort to maintain the least restrictive treatment environment possible, in-home crisis family preservation programs are recommended prior to out-of-home placements (e.g., TFC) for youth with behavioral and emotional difficulties. In particular, Functional Family Therapy or Structural Family Therapy may be used in conjunction with the behavior management strategies utilized in MTFC to create a structured treatment environment in the home setting.

OSLC's MTFC program has been selected as a Blueprint Program for Violence Prevention by the Center for the Study and Prevention of Violence at the University of Colorado at Boulder, and replication under the Blueprint Program is currently underway at two sites. In addition, a randomized study is currently underway to test the effectiveness of applying an adaptation of MTFC in a large urban child welfare system. Consultation to TFC programs across the United States has resulted in the program founder establishing a separate organization, TFC Consultants, that is focused solely on effective dissemination and replication of OSLC's MTFC model.

Risk Factors Addressed

Family management problems
Persistent antisocial behavior

Protective Factors Addressed

Pro-social skills

CSAP Strategy

Information dissemination
Education

Type of Strategy

Indicated

Populations Appropriate for This Best Practice

* 12- to18-year-olds who have been committed to State Training Schools or who are at risk of commitment because of delinquency
* Foster parents of the above adolescents
* Natural parents of the above adolescents

Evaluating This Best Practice

This best practice comes with an evaluation tool that can be used when implementing this strategy. Cost is dependant upon organization size, i.e., how many youth and foster family are participating.

The following are suggested areas to assess when implementing this practice:

* Assess the increase in family management skills by natural parents and foster parents.
* Assess reduction of delinquency and increase in their pro-social skills and behavior.
* Assess improvements in school attendance and completion.
* Assess improved adjustment in the community

Research Conclusions

(Excerpt from Treatment Foster Care materials.)

MTFC appears to be an effective and viable method of preventing the placement of youth in more restrictive settings. Evidence suggests that MTFC can prevent escalation of problem behaviors and that MTFC is both more economical and more effective than group care at decreasing incarceration rates post-treatment (Chamberlain, 1990). Overall, MTFC has been shown to be effective in the treatment of adolescents with conduct disorders (Chamberlain, 1996), in the treatment of children and adolescents from a state mental hospital (Chamberlain & Reid, 1991), in the treatment of youth committed to state training schools (Chamberlain & Reid, 1998), and in the treatment of chronic male and female delinquent youth (Chamberlain & Reid, 1998). In addition, specific treatment components (i.e., supervision, discipline, decreased association with delinquent peers, positive adult-youth relationship) have been shown to mediate the treatment effect of MTFC (Eddy & Chamberlain, 2000).

Costs as of December 2001 (Subject to Change)

Training Time:
The course of training is approximately one year, during which organizational readiness is addressed, program staff is trained, and foster parents are recruited, certified and trained. Weekly telephone and video consultation is provided to review program implementation and individual case consultation, and treatment outcomes are reviewed after six months of operation.

Training Cost:
Cost is approximately $35,000 plus travel and lodging expenses for on-site training of program staff for the start-up of a 10 to 12 bed program. It is also recommended that potential program staff spend several days observing and training at the OSLC MTFC site.

Strategy Implementation:
The funding rate for the Juvenile Justice programs is approximately $115 per youth per day.

Special Considerations

Please consider the following before selecting this strategy for your community:

* Are personnel available who are trained in the approach?

Contact Information

For more information, training, technical assistance, materials contact:

> Gerard Bouwman
> TFC Consultants
> 160 E. 4th Avenue
> Eugene, OR 97401
> E-mail: gerryb@oslc.org
> Phone: 541.485.2711
> Web site: *http://www.oslc.org*

For a copy of a summary of the "Blueprint" (step-by-step instructions that will help communities plan and implement youth crime and violence prevention strategies) for this program, Cost: $15 per copy, visit:

> Web site: *http://www.colorado.edu/cspv/blueprints*

or contact:
> Center for the Study and Prevention of Violence
> Institute of Behavioral Science
> University of Colorado at Boulder
> Campus Box 442
> Boulder, CO 80309-0442
> Phone: 303.492.8465

BEST PRACTICE: Tutoring

Description of Best Practice

Academic tutoring has been found to be effective in improving reading and math achievement for socially rejected, low-achieving fourth graders (Hawkins et al, 1992). The Office of National Drug Control Policy cited tutoring as an effective substance abuse strategy (*Tips for Prevention Programming,* 1997).

Some of the Best Practices in this book that have tutoring components, include:

• Quantum Opportunities
• CASASTART
• Project PATHE

Please review these programs for information on how to implement an effective tutoring program.

(Hawkins, J.D., Catalano, R.F., and Miller, J.Y. 1992. Risk and Protective Factors for Alcohol and Other Drug Problems in Adolescence and Early Adulthood: Implications for Substance Abuse Prevention, *Psychological Bulletin,* Vol. 112, No. 1, 64-105.)

(*Tips for Prevention Programming,* Office of National Drug Control Policy, No.1, May 1997.)

Risk Factors Addressed

Academic failure

Protective Factors Addressed

Skills: Academic

CSAP Strategy

Education

Type of Strategy

Selective

Populations Appropriate for This Best Practice

Low achieving elementary students

Evaluating This Best Practice

The following suggestion is an area you may want to assess if you implement this best practice:

• Assess students' math and reading achievement levels.

Research Conclusions

(Excerpt from *Tips for Prevention Programming,* Office of National Drug Control Policy, May 1997, Edition No. 1, p. 1.)

• Academic mentoring and tutoring strategies are effective in reducing and preventing AOD [alcohol, other drug] use (Crum, Helzer, and Anthony, 1993; Thomas and Hsiu, 1993; Wiebusch, 1994).

Costs and Special Considerations

Not available

Contact Information

None identified at this time

BEST PRACTICE: Zero-Tolerance Laws

Description of Best Practice

(Excerpt from *Alcohol Alert,* National Institute on Alcohol Abuse and Alcoholism, October 1996, No. 34, p.1, PH 370.)

"Zero-tolerance laws" set maximum blood alcohol concentration (BAC) limits for drivers under 21 to .02 percent or lower.

Risk Factors Addressed

Community laws and norms favorable toward drug use

Protective Factors Addressed

Healthy beliefs and clear standards

CSAP Strategy

Environmental

Type of Strategy

Universal

Populations Appropriate for This Best Practice

Drivers under 21 years old

Evaluating This Best Practice

The following suggestion is an area you may want to assess if you implement this best practice:

- Assess reduction in single-vehicle night time fatal crashes among drivers under 21

Research Conclusions

(Excerpt from *Alcohol Alert,* National Institute on Alcohol Abuse and Alcoholism, October 1996, No. 34, page 1, PH 370.)

An analysis of the effect of zero-tolerance laws in the first 12 states enacting them found a 20-percent relative reduction in the proportion of single-vehicle nighttime fatal crashes among drivers under 21, compared with nearby states that did not pass zero-tolerance laws.

Contact Information

For information on how to enact a policy change regarding zero-tolerance, obtain a free hard copy of *How to Change Local Policies to Prevent Substance Abuse* from:

Join Together
441 Stuart Street, 7th Floor
Boston, MA 02116

Phone: 617.437.1500

Fax: 617.437.9394

Web site: *www.jointogether.org*